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The care of the human mind is the most noble branch of medicine.—GROTIUS.

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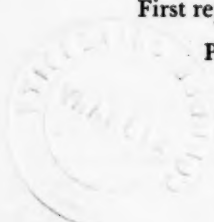
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## TRUE AND FALSE EXPERTS.\*

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The full recognition of the harmony that should exist between the claims of medical science and the demands of criminal law, is a social problem of the first magnitude.

Notwithstanding the rich and varied literature, the manifold discussions, the numerous trials with their accompanying forensic display, that enter into the history of the struggle to secure substantial justice for the insane, or to defeat the pretences of the wicked, the subject is yet of no less interest than importance. It is of interest as are all the questions that involve the study of mankind by man; it is of importance as upon the conclusions hang the lives of so many fellow-beings.

Although it has been so ably treated by members of this body, that their conclusions have modified the medical jurisprudence of more than one nation of the earth, the subject has yet a timely interest from the persistent efforts that have been made to turn back the hands upon the clock of time, and to return to ancient legal by-ways, long since abandoned for the open roads of scientific investigation established since the days of Coke and Blackstone.

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\* Read before the Association of American Superintendents, Washington, D. C., May, 1878.

In modern times, insanity has been the subject of legal investigation, when questions of capacity for the management of affairs, or the validity of wills, or of confinement to prevent injury to self or others were involved; but most frequently probably when offered as a bar to punishment by criminal prosecution.

It is the mutual relations of law and medicine in regard to the plea of irresponsibility in criminal offenses, and the connection of expert testimony therewith, that we venture to examine at this time, under the conviction that whatever remains unsettled and doubtful in the law itself, whatever is injurious and misleading in the administration of justice, demands a speedy correction as soon as recognized by the enlightened sense of mankind.

It should be remembered that the physician must be the friend of the insane, and humanity demands that we consider and reconsider the fearful trust of the lives and reputations of the afflicted, until we shall be able in the fullness of time, to reach conclusions whose influence for practical good will sooner or later be acknowledged, and the jurisprudence of a coming generation adjust itself by an equity that shall have more of the divine element of Knowledge than the rude justice of the Past.

Chief Justice Shaw, in the case of Rogers,\* defined the principles of expert testimony with clearness in the following language:

The rule of Law, on which this proof of the opinion of witnesses, who know nothing of the actual facts of the case is founded, is not peculiar to medical testimony, but is a general rule, applicable to all cases, where the question is one depending on skill and science, in any peculiar department. In general, it is the opinion of the

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\* JOURNAL OF INSANITY, Vol. I, p. 270. Trial of Rogers for the murder of Lincoln. Worden (Mass.) Prison, 1844.

jury which is to govern, and this is to be found upon the proof of the facts laid before them.

But some questions lie beyond the scope of the observation and experience of men in general, but are quite within the observation and experience of those whose peculiar pursuits and profession, have brought that class of facts frequently and habitually under their consideration. Shipmasters and seamen have peculiar means of acquiring knowledge and experience, in whatever relates to seamanship and nautical skill. When, therefore, a question arises in a court of justice upon that subject, and certain facts are proved by other witnesses, a shipmaster may be asked his opinion as to the character of such acts. The same is true, in regard to any question of science, because persons conversant with such science have peculiar means, from a larger and more exact observation, and long experience in such department of science, of drawing correct inferences from certain facts, either observed by themselves, or testified to by other witnesses.

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It is upon this ground that the opinions of witnesses who have long been conversant with insanity in its various forms, and who have had the care and superintendence of insane persons, are received as competent evidence, even though they have not had opportunity to examine the particular patient, and observe the symptoms and indications of disease, at the time of its supposed existence.

When such opinions come from persons of great experience, and in whose correctness and sobriety of judgment just confidence can be had, they are of great weight, and deserve the respectful consideration of a jury. One caution, in regard to this point, it is proper to add, the professional witnesses are not to judge of the credit of other witnesses, or of the truth of the facts testified to by them.

The attempt to follow the motives of a frightful deed of violence into the recesses of the mental structure of the man who has committed the act, and is arraigned at peril of life to answer for the outrage, is one of the most solemn of human inquiries. It is, indeed, a momentary search, as it were, for the gift of the Omniscient One, who alone reads the whole heart of man. It is a type of that day of judgment that Christian belief

assigns as the most tragic scene in all the history of man.

No living man can entirely project himself into the consciousness of another. Whatsoever deals with human conduct must walk among mysteries. Some anomalies in human experience will forever wear the shroud of uncertainty. Whoso would track the labyrinth of the insane mind should have the light of experience for his feet, and the courage of a pure and honest heart.

There was a period in history, not so very remote, when the recognition of insanity as the result of physical disease had not dawned upon awakening humanity and civilization. What has been called the "modern refinement" of expert testimony was unknown, and the arbiters of science as well as law sat upon benches red with innocent blood.

There are those as we shall see, who would fain restore the good old days. It was but a hundred and twenty years ago, when Christendom witnessed the tortures of Robert Francois Damiens, who in a maniacal paroxysm, wounded Louis XV.\* The merciful law burned his hand, tore his flesh with red-hot pincers, poured melted lead and sulphur into the wounds, and tore him apart with four horses, after many efforts, amid the jokes of the pitiful insane wretch.†

We should not unduly censure the cruelty of an age in which the ignorance of the dependence of human conduct upon the physical condition of the brain was so dense and profound. Tribunals, after all, are without inspiration; they can only pronounce a judgment

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\*JOURNAL OF INSANITY, Vol. III, p. 185.

†Fitzroy Helly, a counsellor of the English bar, has publicly declared in London, that the records of the Assizes show the execution of sixty persons during the present century, who are conceded to have been lunatics in the eye of the medical science of to-day.

based upon the general assent of the most intelligent members of society; nothing more—and when that intelligence is vivified and immensely enlarged by the wonderful scientific advance which the world has witnessed, falsehoods hoary with time fall away, and truth after truth will assert its dominion at last.

Sir Vicary Gibbs,\* Attorney General of England, declared, "I say this upon the authority of the first sages in this country, and of the established law in all times, which law has never been questioned, that although a man be incapable of conducting his own affairs, he may still be answerable for his criminal acts, *if he possess a mind capable of distinguishing right from wrong.*"

Dr. Bell, in speaking of the case of Bellingham, reminds us that under this very rule, "A man whom nobody now doubts to have been insane, committed his homicidal act on the 11th May, 1811, was tried, convicted, sentenced, executed, and his body placed on the dissecting table on the 18th; all within one week!"

Has America no addition to the sombre record? What of the condemnation of Cornell, whose sentence was commuted, that his insanity might convince the world, at Auburn; or Wilcox, also condemned and afterwards insane in Clinton Prison? What of the deaths upon the gallows, of Cook, at Schenectady; of Prescott, in New Hampshire; of Baker, in Kentucky; or of Maude, in New Jersey, a man who had actually been confined as a patient in an asylum, and escaped therefrom?

It is no wonder that as medical science convinced mankind that insanity was the result of disease, the nobler minds in the legal profession should demand the light of medical information in the midst of issues of such vast importance, in the effort to define such

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\*JOURNAL OF INSANITY, Vol. IV, p. 32.

insanity as the law could admit, and to recognize its victims with the keen and trained faculties sharpened by constant scientific use.

The successive dogmas adopted to limit and bound so intangible an effect as insanity are a twice told tale to the profession, but it is noticeable that until within a recent period, there has been an earnest and continual endeavor to reconcile the claims of offended justice with those of an enlightened humanity, step by step, as the light of science leads the way, approximating justice and equity.

As early as thirty-three years ago, some manly and almost prophetic declarations were made by the presiding judge, in the case of Klein,\* for murder, New York Court of Oyer and Terminer. His Honor said:

That it was by no means an easy matter to discover or define the line of demarkation where sanity ended and insanity began, and it very frequently occurred that a condition of mental aberration shaded off from a sound state of mind, so gradually and imperceptibly, that it was difficult for those most "expert" in the disease to detect or explain its beginning, extent or duration. And in this, as in other diseases of the human system, there was an infinite variety, so great indeed, as almost to justify the remark that no two cases were ever precisely alike. \* \* \* \*

The discoveries in the nature of the disease, and the improvements in the mode of its treatment, had been so great in modern times, that it had become almost a distinct department of medical science, to which some practitioners devoted themselves almost exclusively. The opinions of such persons, especially when to their knowledge they added the experience of personal care of the insane, could never be safely disregarded by courts and juries. \* \* \* \*

What is meant by "an insane person," is now, and long has been a matter of great difficulty. At one time it was held by the courts to be only such an overthrow of the intellect, that the afflicted person must "know no more than the brutes,"† to be ex-

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\* JOURNAL OF INSANITY, Vol. II, p. 262, Judge Edmonds.

† Judge Tracy, 1723.



empt from responsibility. As science progressed, the rule has been extended in modern times, until it begins to comprehend within its saving influences, most of those, who by the visitation of disease are deprived of the power of self-government. Yet the law in its slow and cautious progress still lags far behind the advance of true knowledge. \* \* \* \*

If some controlling disease was in truth the acting power within him, which he could not resist, or if he had not a sufficient use of his reason to control the passions which prompted the act complained of, he is not responsible, but we must be sure not to be misled by a mere impulse of passion, an idle, frantic humor, or unaccountable mode of action, but inquire whether it is an absolute dispossession of the free and natural agency of the human mind. \* \* \* \*

In order then to constitute a crime, a man must have memory and intelligence to know that the act he is about to commit is wrong, to remember and understand that if he commits the act he will be subject to punishment, and reason and will to enable him to compare and choose between the supposed advantage or gratification to be obtained by the criminal act, and the immunity from punishment, which he will secure by abstaining from it.

If, on the other hand, he have not intelligence and capacity enough to have a criminal intent and purpose, and if his moral or intellectual powers are either so deficient that he has not sufficient will, conscience, or controlling mental power, or if through the overwhelming violence of mental disease, his intellectual power is for the time obliterated, he is not a responsible moral agent, and is not punishable for criminal acts.

In proportion as the public sense accepted the fact that insanity was to be attributed to disease, and not to a psychical possession akin to the notion of witchcraft, that, alike from the general mind, was reflected also in the language of the law, in annals that are painful to dwell upon; so did the conviction the more fully fasten upon the legal mind that the technical facts of insanity must be developed for the jury by a skilled understanding, and it became absolutely essential to call in the aid of medical experts. This process is still going on.

The following is from a review,\* in the *AMERICAN JOURNAL OF INSANITY*, on a valuable "Report on the Medical Jurisprudence of Insanity," by Prof. Coventry:

Reforms of every kind are indeed slow in progress, not in being assented to in theory, but in being accepted and carried out. \* \* The legal relations of insanity, and the responsibility for supposed crime are as uncertain and unsettled as in the time of Blackstone or Lord Coke. This is because so comparatively little of the great light shed upon the subject of mental disease, and its relations to human responsibility during the past century, has yet penetrated the popular understanding, and the dogmas and precedents of the courts. But though slow in their progress "reforms never go backwards."

While it will be acknowledged that some progress has been made since that period, and in a few States of the Union admirable changes effected in the modes of administration of the criminal law, the great truth yet remains of the lamentable need, over the country at large, for yet farther revision and readjustment of modes of proceeding with persons pleading insanity in bar of punishment for offenses. In a free and intelligent land, statutes will be enacted as an expression of deliberate public opinion. How important, therefore, that public opinion should be impressed by those whose lives are given to the practical study of insanity. Unpleasant as some aspects of the struggle may be, the physicians of the insane can not do their whole duty if they permit the noisy charlatan to fill the public ear with sensational falsehoods to please a mob athirst for something strange to feed upon; or even if they surrender this field to the theories of legal gentlemen, who, with admirable motives, have, by their very education and mental habits, become unfitted for the reception of truths discoverable in so experimental a science as medicine.

\* *JOURNAL OF INSANITY*, Vol. XV, p. 420.



What the status of the expert in insanity in courts of law, and before that court of last resort, public opinion, has been, is now, and should be, though often discussed, may *still* claim our careful consideration, inasmuch as its final settlement involves so much to the profession directly, and more to humanity at large.

We may fairly assume, that in cases of criminal accusation, what men desire is substantial justice. The legal effect of an act, should, in absolute equity, depend upon its moral quality. But the moral quality can only be *approximately* judged, and that by our knowledge of the *natural history*, so to speak, of the act. Knowledge must necessarily be supplemented in part by *opinion*. And the least possible room is left for a doubtful quantity, when every avenue of knowledge has been explored with a competent guide.

The medical expert is in part a guide, as Dr. Reynolds has happily said, "he is one who knows *what* to look for, and *why* to search for it, as well as *what* to see."

I need not remind you that the most enlightened nations of the Continent have given large powers to medical experts. Thus, to avoid detail, we know that in France a preliminary step in the trial of the alleged insane is to submit him to the examination of a board of experts; and in Germany, medical experts are called upon to conduct an examination, in the presence of a judge, and their opinion must be rendered with a written statement of the whole investigation.

It is a familiar fact that the usual course of introduction of expert testimony in the courts, so far as insanity is concerned, is for the purpose of sustaining the position of counsel for the prosecution or the defense, as the case may be, with the strange anomaly of a witness announcing the conclusions of a most recon-

dite science, and straightway being cross-examined concerning the same, as though to demonstrate his ignorance or untruth, by a layman, presumed to be a stranger to the very science, of which the expert is supposed to have special knowledge. Nor is it altogether unknown, for the judge himself, after questions tending to intimate the unreality of medical knowledge to conclude with a charge to the jury, to stand by decisions whatever the consequences. And yet there was a period when the scientific world was as thoroughly convinced as to-day, that witchcraft was a monstrous delusion and still *stare decisis* from the lips of the great and good Sir Matthew Hale was the death knell of at least two poor women for sorcery.

We can not censure the upright judge who knew not his own wrong, but what can we say of a school of latter day philosophers who look back reverently to his dicta upon insanity of which he was equally ignorant, and who would persuade civilization and humanity to retrace their footsteps to the darkness of the past, amid the spectres of the innocent condemned?

And yet such men live not only among the mistaken devotees of legal precedent, but as we shall see, men who hide the Mephistopheles behind the cloak of the philosopher, and diffusing a subtle moral poison even through the fountains of the great daily press, would drug a Christian people into moral insensibility and practical atheism.

The early history of the services of experts in insanity before American courts, is an honorable page in the literature of our profession. I need not remind you of the estimate humanity must accord to the labors of such men as Drs. Woodward, Bell,\* Brigham, and others, who did so much to modify the expression of judicial

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\* Memoir of Dr. Bell, JOURNAL OF INSANITY, Vol. XI, p. 114.

opinion in regard to the proofs demanded to demonstrate the existence of insanity. I need not point you to the subsequent history of persons accused, especially in the trials as fully reported, occurring in the Eastern States, who were remanded to Insane Hospitals for care and treatment upon the evidence of these experts.

And yet with so much of human experience recorded in the annals of the law, in regard to the value of medical testimony, Lord Campbell, from his lofty judicial seat, could say to three learned and respected physicians, "You may go home to your patients and be more usefully employed there than you have been here." This, it will be remembered, was in the Bainbridge Will Case.

And it is another of the legal anomalies remaining that in a number of States of this Union, to the present day, the testimony of non-experts† as to the mental condition of a prisoner is duly taken, if based upon personal observation. It is not matter of surprise that extraordinary results sometimes follow. The United States Courts permit the same.

Let us note, that here at least, the rule should be modified, by which only the declaration of such acknowledged and notorious phenomena of insanity as are accepted without question, with duly corroborating circumstances, should be received from such witnesses. Should not the force of such testimony be greatly restricted where there is appearance of doubt in the case, and should not its recognition by experts be demanded in such instances?

In the comments on the case of Davenport,‡ for the murder of Wilson, Bennington, Vt., 1863, it is stated that

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† Dewitt vs. Baily and Schoonmaker (3 Smith, 340).

‡ JOURNAL OF INSANITY, Vol. XX, p. 413.

the Court ruled "that medical witnesses can only be asked what certain facts, admitted or supposed, *tend* to prove in respect to the mental condition of an accused party." But as the writer well says:

Neither substantial facts nor logical definitions can always describe a case of mental disease. As the opinion of an artist upon the genuineness of a picture, and that of a ship-builder upon the sea-worthiness of a ship are lawfully taken because no scientific test is possible, so the judgment of an expert in mental diseases should be freely admitted.

It was by slow degrees that the position of the medical expert came to be accurately apprehended, and development in this direction as we shall observe, is yet demanded by the justice that shall approach nearest the sublime equity of our Maker.

The *London Medical Gazette* (November 28, 1851) relates that:

An application was made to the Lord Chancellor, last week, for the payment out of a lunatic's estate of a fee of fifty guineas to Dr. F. Winslow, for his examination and report on the condition of a lunatic. In refusing the application, the Lord Chancellor remarked—that in the present instance, as was likewise almost the invariable practice, the medical man had reported in favor of the views of those parties which had employed him.

In regard to the basis of evidence properly receivable as such from the expert, we find in Beck's Medical Jurisprudence, that the medical witness is cautioned:

*First.* That his opinion must be based on the medical facts of the case. "It is not the province of the expert to draw inferences of fact from the evidence, but to give his opinion on a known or hypothetical state of facts."

*Second.* Physicians are not allowed to give their opinions on the case as submitted to the jury.

*Third.* Medical men are not usually allowed to quote the books of authority in their profession to fortify the opinions they have given in the case.

The principle assigned by the bar to explain this exclusion of medical literature is, that nothing is evidence which is not sworn to. But it has been well remarked that much enters into a case that is not sworn to. Lawyers do not scruple to refer to medical works, and seek to entangle the expert amid seeming contradictions by questions intended to develop antagonistic views on the part of the expert, to one or other leading authority upon insanity in regard to the nomenclature and the scientific appointment of language to define the various grades of mental alienation. Judges themselves not infrequently quote medical writers from the bench in the charge to the jury, in opposition it may be to the views of the expert, while denying him the advantage of the precision of language employed by authors, to represent fairly his own views, to say nothing of the charm of the printed word and the ponderous volume upon the mind of the average jurymen.

In the case of the *Queen vs. Frances*, in London, 1849, Baron Alderson refused to allow a medical gentleman present in court, who had heard all the evidence, to testify to his opinion of the soundness of mind of the accused. He said: "The proper mode is to ask what are the symptoms of insanity, or to take particular facts and assuming them to be true, to ask whether they indicate insanity on the part of the prisoner." Otherwise, it is really, he said, to substitute the witness for the jury.

Sixteen years later we find the following opinion from the bench, in the charge of Judge Mellor,† in the case of *Regina vs. Southey* for the killing of his wife and child, 1865. The defense being insanity, and many facts having been sworn to, the Judge charged :

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† JOURNAL OF INSANITY, Vol. XXIII, p. 394.

That every man was presumed to be sane until the contrary was shown, that the jury must not give themselves up to the medical testimony, but must exercise their common sense and judgment upon it. Some medical men had theories upon insanity, which if applied generally, would be fatal to society. The opinion of persons who had observed a man for months, was worth far more than that of those who went to see him once, for the very purpose of giving evidence that he was insane. It was not enough that some amount of insanity was shown. It must appear that the prisoner did not know that he was doing wrong.

The natural conclusion perhaps followed this charge. The Judge succeeded as an advocate, and the accused was sentenced to death.

So also, as the writer to whom we have just referred reports, in *Regina vs. Leigh*, before Chief Justice Erle for the murder of Harriet Harton, February, 1866, the Judge charged:

The question was, whether he was or was not responsible when he committed the act—not whether he was *not* guilty, on the ground of insanity, that was an issue far too vague. \* \*

The law, however, did not say that when any degree of insanity existed, the party was not responsible, but that when he was in a state of mind to know the distinction between *right* and *wrong*, and the nature of the act he committed, he was responsible.

In striking contrast to these expressions, hear the voice of the lamented Griesinger, speaking of what some call partial insanity, "At what limits must it be said that a man is blind? Is it only when he can no longer perceive a ray of light?"

The unfortunate disposition to regard medical men as governed by false sentiment, or imaginative fancies, at war with the best interests of society, may often be observed. So far has this feeling been manifested as to



lead to the most fallacious reasoning, to the discredit of the bench. Thus, before the Judicial Society, we find Baron Bramwell declaring (D cember, 1857) that:

The question to be discussed was not the relative amount of pity which we should feel for the sane or the insane, but how is the law to deal with the commission of an act which it prohibits? To solve this question, it is necessary to go back to the true theory of punishment, which is, that pain being in itself an evil, society has no right to inflict it upon an individual, except for the purpose of preventing crime, by the *fear* of it on the individual punished, and by the *spectacle* of it on the rest of the community. The certainty, therefore, with which punishment follows crime is of the last importance in teaching men to respect the law, and to abstain from breaking it; for since the law threatens all mankind, it would be a mere *brutum fulmen*, if it did not also punish those who violate it. The madman, amongst others, is threatened by the law; why then should he escape if he infringes the law; and why destroy that certainty of punishment following crime which is the very essence of its preventive power? For his part, he could conceive an argument being maintained to show that even idiots should be punished when they break the law; but in such an opinion, if held by any one, he did not share. If you do not punish the madman, you hold out a premium to the commission of crime; for every man would calculate that he would be fortunate enough to escape by some one proving that he was mad, on the same principle as that on which people lead a forlorn hope, or put into a lottery, not calculating the chances against them, but trusting that they will be the fortunate ones to survive, or to win the prize.

Of such tenets held by the learned Judge, it was well remarked:

That the legal profession generally, and especially the judges, have so little practical acquaintance with insanity, that their minds are absolutely unable to comprehend vast truths which are familiar enough to medical men. Examinations in courts of justice are peculiarly unfavorable to the diffusion of just ideas on these matters, and the medical witness consequently gives his testimony amidst an amount of prejudice, arising from ignorance, which is too often fatal to the best interests of humanity and justice.

The natural responsibility of the position of a medical expert, is *heightened* by the imperfect systems ex-

isting, whereby the physician is often hurriedly called to give an opinion based upon miscellaneous facts, gathered by laymen, with slight opportunity for observation of the accused, with the forlorn hope that he may confirm or refute a plea, offered at the last moment, or during the very progress of the trial, for the first time. Surely this procedure is unworthy of that degree of civilization which our country has reached. If, as we know, one or two States have sought out a better way, it is time that the efforts of physicians, who have the especial charge of the insane, should arouse public sentiment to the urgent need of progress throughout our entire country.

It has been well said by Dr. Chipley,\* in speaking of the medical witness:

It is an embarrassing position, not willingly assumed by intelligent medical men. In fact, it is a matter of notoriety that physicians avoid a summons in such cases by every means in their power; when they would not shrink from the discharge of their duty, if allowed an opportunity to analyze the case as they are daily doing in regard to other diseases.

They are required to pronounce an opinion which may involve the life of the prisoner on the one hand, or interfere with the just administration of the law on the other, on data, which in ordinary practice, would not authorize a diagnosis in any case of disease, or justify the administration of the simplest remedies.

But whatever may be the difficulties that surround us, it is unhesitatingly our duty to apply such powers as we possess to the solution of the question presented. We dare not turn our backs to this appeal, because the dearest interests of the insane are involved on the one hand, and the sacred bulwarks that encircle society lie exposed to outrage on the other. How shall we gird our loins for the task?

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\* JOURNAL OF INSANITY, Vol. XVII, p. 302.



First, since, *when* the true mental attitude of the expert is understood, he will be really recognized as upon the one issue, a virtual judge, we should cultivate a calm and impartial frame of mind, in addressing ourselves to the inquiry before us. This is a duty, the importance and solemnity of which it is impossible to exaggerate. The expert should follow neither in the train of the prosecution or the defense. Too long has science, bearing the rich fruits of experience and skill, been dragged as a slavish trophy behind the conqueror's chariot in the legal struggle.

We should demand the enactment of statutes remanding to a commission of experts the examination of the accused, that the plea of lunacy may be disposed of, when presented, before issue is joined or trial begun. Compensation for this service should be made by the State only. And it may well be claimed that the observation of the commission should extend through such a period of residence in an insane hospital, as will supply ample data for exact conclusions. To this might be wisely added, the visits and observations of a physician especially sent by the defense to co-operate with the commission.

But while we are waiting to secure the passage of laws retaining the valuable features of the statutes of New York or of Maine, the medical expert can at least frankly assure the counsel, in the case of hurried consultations, that he must testify from a knowledge of all the facts attainable, and that if important facts are developed, previously withheld from him, that his views must be readjusted to the whole truth. Indeed, we should labor to place the expert in the position of *amicus curiæ*.

I need not remind you with what care we should seek the history of the accused, what has been his

parentage, education, and physical habits, whether there has been recognized any great physical or moral change in the man; and if so, whether sudden or gradual, what is his organic condition, and whether trophic degeneration of any character is discoverable, whether hereditary influences indicate hysteria, chorea, epilepsy, syphilitic diathesis, or other profound disturbance of the nerve centers; what inconsistencies of opinion are in sharp contrast with his usual course of belief, whether there is inordinate grandeur attributed to his personal abilities or interests, whether the bodily functions are performed with regularity, and he enjoys natural sleep, and whether there is that due accord of mental and physical manifestations which long experience has shown to be in appropriate relation to each other in the several forms by which insanity has been recognized, and by which there have been efforts at its classification. We are to avoid the substitution of names for realities. "Test every case by its symptoms," is the very axiom to be dwelt upon by the medical mind. This is abhorrent to the legal profession who can not understand the belief of the physician, that within certain limits every case is a law unto itself.

One of the primary demands, therefore, on the witness-stand, is a classification from the expert, of the forms of insanity, and nosological distinctions once obtained, the forensic struggle is made to show that the expert has failed when drawing his lines, "to divide a hair twixt south and south-west side," or to triumphantly show that the accused may not belong to the special division, in which with some reservations, the expert may have unwarily assigned him.

It would not be profitable here to enter into the long standing questions concerning the forms of insanity, nor can it be conceived that it is the special province

of the expert to enter into such dissertations before a jury, any more, than if a surgeon were asked concerning the existence of disease of the heart of a certain character or of locomotor ataxy, it would be proper to enter into obscure theories of causation. It is enough that he can affirm the existence of a prolonged departure from ordinary human conduct, whether it appear to his mind to be primarily due to intellectual aberration, or to the deprivation of natural affections and emotions, or to inability to use the will in accordance with the dictates of the intellect and the control of the moral sentiments, or to impairment of the mutual counter-play of all these powers of the mind.

Is it not true that we are to fix our minds upon results, to look narrowly for physical symptoms of physical changes, whether those changes proceed from what may be commonly termed moral causes, or otherwise? The existence of the insane condition is the fact in question, and not what authors, or physicians, or lawyers, may have fancied to constitute ideal insanity, but the insanity of the individual under investigation—that exceptional condition which marks him as an unfit person upon whom to inflict the penalties designed for actions involving the conscious and willful violation of the rights of others.

Whether, indeed, we may believe with Dr. Gray and many other distinguished alienists, that no case of moral imbecility exists without some deprivation of intellect and reason, whether immediately observable or not; whether we are ready to accept the conclusion of our honored President, Dr. Nichols, whose eminent services to the insane were rendered for a quarter of a century in this Capital of our country, when he says: "It is evident to my mind that cases of insanity have run on for years, under the observation

of competent men, without the discovery of any intellectual lesion whatever;" whether we may agree with the late lamented Dr. Landor, in more extensive views, when he says:

Daily experience shows abundantly that a man or woman may be imbecile morally, from cerebral disorder or disease, and yet have great intellectual or even high logical powers. There are many who being thus diseased mentally, drink to drunkenness, are lascivious, lie, steal, are obscene, homicidal and malicious, in spite of a knowledge of right and wrong, and even with reasoning powers little or at all affected, and whatever the law may decide, the inexorable logic of facts will hold its own:"

Or whether again we accept the views of Dr. Walker, who declares that, "when the will is overborne, the intellect is disturbed. You may call it 'impairment,' 'disturbance,' 'excitement,' or what not, when the will is gone, the individual is gone;" we say, that whether our belief coincides with any of these, is, after all, not of such transcendent importance in a practical point of view, not at least to the extent that such divergences of belief are pictured in the psychology of the gentlemen of the bar.

It will surely be conceded that the typical examples alleged, of emotional insanity, leave at least a strong suspicion of latent weakness in primary or purely intellectual cerebration, often confirmed by the later history of absolute delusion with mania and resultant dementia. On the contrary, it will hardly be disputed, that in general paresis there may be a prolonged early stage, in which, while the emotions and feelings that elevate man above the brute, seem palsied and destroyed; yet bodily vigor is great and the reason apparently acute. And still again, it may not be easy to show, *a priori*, that the mental dynamic force which we denominate the will, may not be irresistibly set in

action by the consentaneous work of passions, with or without the cognition of the dictates of reason.

So that to wander at all into psychology is, for the expert, an abandonment of the safe middle-ground, from which he pronounces an individual sane or insane, from the judgment derived by his experience, from physical indications, and well ascertained history, and yet again from a *recognition*, which long familiarity with the insane may give, but which can no more be formulated in identifying dicta, for cross-examination, than we can explain the recognition of an animal or any article of daily use among many similar thereto, without a possibility of defining that which makes it different to us, by accurate description.

Prof. Meyer,\* of Göttingen, has well said, in connection with the identification of insanity, that:

To judge this affection, the physician is satisfied with a series of symptoms, which his experience has taught him to consider characteristic of insanity, in their mutual relation, in their connection, without his being able to give a sharp definition of the number and meaning of symptoms.

The law takes insanity, or the irresponsibility dependent upon it, as being proved only when the result or the manner of thinking is entirely abnormal; when lively illusions are indicated, and the condition is one of complete confusion. The accused therefore will suffer the penalty of the law, if his thoughts do not differ from the common run, if he talks with tolerable coherence, if he knows his way of action to be criminal and deserving of punishment. Yet it is a fact to be proved, even by laymen, that many of the inmates of our asylums, when subjected to the same ordeal, would be perfectly responsible persons within the meaning of the law.

He points out with clearness, that often in the first onset of mania, the intellect still powerful, struggles with the morbid influence, and thus the mental conflict ensues, which to the world seems the height of madness,

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\*JOURNAL OF INSANITY, Vol. XXVII, p. 419.

but in its onward progress, and with the intellect breaking down in anticipation of approaching dementia, and under such remedies as may serve to calm physical agitation, an appearance of coherence is again restored, and there is a simulation of action of a truly intellectual character. But this, he affirms is unreal—the fact is that these actions are more or less automatic of previous manifestations, and are not the outgrowth of original thought or of determination guided by a will influenced normally by the intellect. There is no power of originating. He says:

The whole doctrine of morals and ethics, the tenets of the Christian catechism may be found with the insane in their accustomed connection, like the stamp of an ancient coinage, but their ideas are not the product of thinking; their actions not the effect of free will; they are mixed at times with delusions, but reproductions from their former mental lives.

Whether we assent entirely to these propositions, they contain matter of reflection.

If we may be pardoned for digression to a subject too vast for consideration in a paper like this, may we not fairly suggest in leaving this topic, that less stress upon names and divisions, less warmth of adherence to favorite authorities, and a more thoroughly catholic disposition of mind, and courteous acceptance of non-essentials, by medical experts, who may equally recognize the presence of insanity, but by different lines of belief, may tend to good, by its impression upon the bar, the bench and public opinion; that, after all, the facts are too solemn, and demand too much sincerity and earnestness of mind, to allow room for speculations upon the particular channel by which they occur.

Yet the medical expert can not be guiltless if he fail to acquaint himself with the revelations of the most advanced thinkers and laborers of the profession. Would



any toxicologist of the present day be justified in appealing to the rude tests of a hundred, nay, of fifty years ago, in regard to the detection of poisons? Have we not seen what will come of such mistakes? Chemical science grows and its growth is formally accepted and acted upon by the courts. Why not medical science too, and that most exquisite branch which weighs in imponderable scales the capacity of a fellow creature to fulfill the demands of society.

One of the singular anomalies of criminal procedure, is the denial of the right of the expert to express an opinion in the hearing of the jury upon the facts as proved before the court. But the counsel upon either side may frame hypothetical questions, containing as many half-truths as possible, only with phases reversed, omitting what they please, and perhaps, joining inference and implication to actual evidence, and may demand a categorical answer, which may require *Yes* and *No* to be said of the same individual, with a cross-examination to follow, the whole to be concluded by an appeal to the jury to perform the mental acrobatic feat with safety, of resting their conclusions upon whatever they may gather from each side that bears the semblance of certainty.

It is to be regarded as fortunate that there is now a disposition on the part of some judges to permit the expert to declare his opinion, from the entire burden of the testimony. It is at least an advance, when facts and not fiction form the basis of opinion.

It must be remembered that the opinion of an expert who is truly such, is more than a dictum—it approaches the dignity of a judgment, so far as the particular plea of insanity is concerned. True, there should be great caution that the witness is truly qualified. That he be a physician is not enough, for not all physicians are

experts in every branch of medicine. That he has had opportunities for observing insanity is not sufficient, for such opportunities may not have been improved. In *Page vs. Parler*, N. H. Reports, 59,\* the Court well said that it must be shown "at least that they have superior *actual* skill or scientific knowledge, in relation to the question, before their opinions can be competent."

But when fairly acknowledged and respected as an expert in insanity, what, after all, is the *opinion* of the alienist, so objected to? It is a declaration of what he esteems a central fact, appealing to his consciousness for an existence, because of the union of analogies from many minor facts. These can be taken as a whole, and weighed at once by the educated mental grasp of the expert, but can not be apprehended by a mind unfitted to gather and associate the many elements of one truth.

What is the universally accepted fact of the law of gravity but an expression of acquiescence in the scientific opinion of Newton, that only in that manner could the many motions of natural objects be susceptible of explanation?

A shipbuilder may declare that a bolt of a certain size is weak, that a beam of a certain character is unsound, that construction upon such and such lines is faulty, but it is from his knowledge intimate and accurate of the bearing of all such facts, taken together to constitute another and the central one, that he boldly affirms the unseaworthiness of a vessel.

If it be asserted that another builder is of a different opinion, it becomes a question of the weight of their several testimonies, and preponderating experience must govern; but surely, not the crude views of a jury, composed perhaps of men, who may have no knowledge whatever concerning the architecture of a ship.

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\* Quoted in *Journal of Nervous and Mental Diseases*, July, 1877, p. 478.



But if we have justly portrayed the strength and the profound moral dignity accompanying the careful declaration of an expert, after cautious investigation, where human life and high honorable reputation hang in the balance, what language can characterize the rash intruder who plays with such fearful issues without knowledge, or the trafficker in human misery who sells his opinions for gold?

In olden time only the vestals robed in perpetual purity could keep alive the sacred fires, and profanation of their vows was punished by burial alive. What burial of public contempt could be too deep for the man who should prostitute science in the market, and smother her pure light under his greed for pelf. Such a man would be the Benedict Arnold of his profession—such a man, we say it reverently, would be a Judas Iscariot to humanity, selling the blood of her children for thirty pieces of silver.

Is it true that the former honorable record of testimony has been recently darkened by the conduct of men more wicked than the victims whom they judged, bringing unmerited disgrace upon real alienists, and holding up the just claims of medical skill to the scorn of mankind? Difficult as it is to credit such depth of ignominy, we are told by the Managers of the New York State Lunatic Asylum, in a report not many years ago:

It may not be amiss to observe that this matter of the testimony of experts, especially in cases of alleged insanity, has gone to such an extravagance that it has really become of late years a profitable profession to be an expert witness, at the command of any party, and ready for any party, for a sufficient and often an exorbitant fee; thus destroying the real value of the testimony of unbiased experts. Vaunted and venal expertness is usually worthless evidence; and yet such testimony is getting to be in great demand.

We denominate him a criminal who counterfeits the coin of his country, or who adulterates the food of the people. What shall be said of the poisoner of the fountains of justice? The world hangs upon eloquent lips like those of a Curran or a Grattan that denounce the baseness of an informer who testifies against the guilty comrade to save his own unworthy life. But what language can fitly fasten that man in the pillory of universal execration, who has bartered innocent blood over which the law gave him fearful power, at the bidding of jealous envies, and the lust of gold? Such a man, if he exist, must have denied his God in impious atheism, else there were no refuge from remorse save in madness, that dread sanctuary which he has denied his wretched victims!

The case of David Montgomery\* who killed his wife, while suffering from epileptic mania, is alas, yet fresh in your minds, and the admirable review of the expert testimony by Dr. Echeverria, than whom no man stands higher as an authority upon epilepsy in this country.

On that trial a physician called to enlighten and instruct as an expert, asserted that, "it by no means follows that an individual suffering from epilepsy is not as fully responsible for his actions as healthy persons." And again on being questioned he declared "that not many cases of epilepsy are accompanied with insanity or obvious mental deterioration." Yet again he answers that, "according to his experience, fifty per cent develop mental deterioration." Little importance, he said, should be attached to the views of asylum physicians, on the subject of the responsibility of epileptics, because the epileptics in lunatic asylums are at the same time insane.

He makes the surprising assertion that insanity *with* epilepsy, is a very different thing from the insanity

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\* JOURNAL OF INSANITY, Vol. XXIX, p. 347.

which results *from* epilepsy. Whereas every one knows that epilepsy precedes the insanity, it being exceedingly rarely noted, if ever, that epilepsy is developed after or from the insanity.

This very person gave the evidence upon which Reynolds was executed, although the poor wretch had an epileptic paroxysm on the day of the homicide. Too late was the world horrified at the direct physical evidence of brain degeneration in this cruel case. Yet the supposed expert has handed the helpless accused over to the hangman, at the demand of the populace thirsting for blood.

To stamp with additional infamy, the whole transaction, there was another so-called expert,\* who agreed and consented unto the death of Reynolds upon the gallows as a guilty man, yet who, on being asked when McFarland was tried for the killing of Richardson, to describe a case in which insanity could exist without delusion, replied to the district attorney: "Take the case of Reynolds.† There was no delusion there; the man acted as a mere machine having no consciousness of his act, and when he comes to himself he has no recollection of what he may have done." Why did not the recollection that he had declared the insane epileptic a free agent and delivered him to the hangman, rise within his soul, and drive him from the court-room with shame? But no, alike with his partner in such science, they are now there at the command of the opposite side, and have changed their views of insanity.

But to return to the man who has done so much to debauch the course of justice, the records of the court in the case of Montgomery show contradictions most violent in answering the prosecution, and again the cross-examination by the defense—separated by a sin-

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\* Dr. Vance.

† JOURNAL OF INSANITY, Vol. XXIV, p. 274.

gle night and an interview with the interested counsel.

He delivered the following dicta, as expressions of scientific truth, the falsity of which has been shown by Echeverria, beyond possibility of contradiction.

That patients committing acts of violence during epileptic mania, have apparently no motive unless it is a false one.

That he has never known a case of an epileptic fit or seizure, where during the continuation of it, the party will be spoken to, will answer, and then relapse into the same condition, and being spoken to again, will answer and relapse again.

That deliberation takes away the idea of an insane act.

In temporary insanity from cerebral disturbance there is no disposition to resist the impulse, the person yields to it and strikes.

When an epileptic has suffered from an attack, the mental disturbance continues frequently several days.

This medley of contradictions prevailed to convict Montgomery. Although evidence was abundantly exhibited that Montgomery had paroxysms of epilepsy throughout the week before the homicide, and according to this expert himself, his delusions were the result of epilepsy, yet the opinion declared was, "the circumstances of the affair are irreconcilable with the theory that the homicide was perpetrated during a paroxysm or an accession of epileptic mania."

"Deliberation takes away the idea of an insane act." This silly and ignorant pomposity, which any alienist would receive with a quiet smile of contempt, was a declaration sealing Montgomery's conviction—for had he not confessed that he stood five minutes over his sleeping wife before he struck her, and then stooped to kiss her.

What then shall be said, when this very expert, with heart of iron and forehead of brass, affirmed when testifying for the defense in the McFarland trial, and on the cross-examination, by the district attorney, that "the insane are very persistent in their revenge.

I have known insane men occupied with the idea of killing their keeper for years, and finally do it." It will be remembered that the point of the application of this view, was that two witnesses had testified that McFarland had waited ten minutes in the *Tribune* office, behind the partition, looking for Richardson to appear, upon which he fired.

The distinguished author from whom we have quoted, well says:

If such assertions are to prevail, if insanity, whether it be of an epileptic, or any other nature, must preclude every attempt at design or premeditation, we may as well reject every other principle equally confirmed by every day's observation of the insane, and by the numerous examples cited in the annals of insanity and medical jurisprudence in this country and abroad.

Again, in order to convict Montgomery, this false expert declares, "when an epileptic has suffered from an attack, the mental disturbance continues, frequently several days."

But that Reynolds might not escape, he had affirmed on that trial the opposite opinion. "The disease (epileptic mania) is of remarkably short duration. There is not a case on record where it has lasted fifteen minutes." So that on the strength of one opinion the latter was actually executed, and upon its opposite, the former was condemned, but by the merciful interposition of the governor his life was spared. I need not remind you that he was placed in an asylum for the insane, and his life has demonstrated the correctness of such competent alienists as Drs. Gray, Cleveland, Ordonaux and others, when they pronounced him insane.

It must be that a man so lost to conscience and honor, as to inflict almost irreparable damage upon the science of medical observation, must have speedily fallen into obscurity—powerless for farther evil. On the contrary,

he publishes books, which are accepted in the medical world by a large and admiring clientage; books in which he walks among cases of rare affections as numerous as the soldiery of an army, and yet diagnoses with unerring certainty as with the magical wand of a Heller or a Wyman. He is the honored member of numerous medical societies, the Magnus Appollo of such as the Neurological Society of the metropolis of this country, and a Professor of Diseases of the Mind, in a most respectable university. He has the great dailies of the country under his command, and has waxed great, until he now appears as the philosopher who is to inaugurate social improvements, the medico-legal jurist, who will readjust criminal law, and relegate insanity from the list of misfortunes to appear in the catalogue of crimes. The alienists who are superintendents of the insane standing in the way of this giant, to whom Christianity itself, with all the pestilent theories of humanity is but a myth, are to be reformed out of existence, and the institutions administered under the new lights of such modern philosophy.

What indeed are the restraints upon moral action, which to other men are sacred, to him who declares that, "whenever there is grey nervous tissue in action, there is mind also," and that, "of the mental faculties, perception and volition are seated in the spinal cord as well as in the cerebral ganglia;"\* who asserts that there are two forces resulting from vitality—mind and animal electricity—who affirms that the brain secretes mind as the liver does bile.†

Dr. Parsons has happily replied that the whole question turns upon what is mind. True, indeed, if the

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\* "The Brain not the Sole Organ of the Mind." Hammond in *Journal of Mental Diseases*, January, '76, p. 10.

† *Spiritualism and Allied Cases, &c., of Nervous Derangement*, Hammond.



motions of a decapitated frog prove the existence of mind in his backbone, why not allow its possession to all animated nature, to the amœba that feeds itself, to the endosmotic action in the life of plants? Why stop with the grey matter only, in man? Why draw lines between mind and matter at all?

How shallow is such latter day philosophy after all, when confronted with the facts of consciousness and the great phenomena of the world's history.

Strange that a man who contemptuously rejects the fact of any miraculous occurrence in the history of religion, and to whom, therefore, the Scriptures are a fable; who says that "science is truth," "religion" but faith in the truth, and, therefore, beneath the eternal verity of science, and who arrogantly denominates the belief which would give to the mind an existence independent of the nervous system, a "mere metaphysical and theological dogma;" strange, we say, that of all men, he has the presumption to teach reforms in the reconstruction of the criminal law, to secure safety to the morals of society, which his own doctrines would reduce to theological dreams. For if mind and bile are congeners, and man's spirituality is a fiction, what is morality after all?

Yet this man has a code, so rigid, that scarcely may it be said that he would suffer a maniac to live. In his "Insanity in its Relation to Crime," he compares the insane man who has committed homicide to the wild beast, and the mad dog. The idea of justice in human law, is utterly ignored. He says: "What society requires is protection, and it has no more business as such with abstract justice, than it has with any other bit of philosophy."

The safety of society is the only thing, he argues, to be considered in the formation of the law, or in the

punishment of the offender. He demands the punishment of the insane homicide, and cites as parallel cases the operation of the law of attainder, and the penalties inflicted for ignorant violation of law, seemingly unaware that the first is regarded as a hateful relic of the dark ages now obsolete, and the ignorant man might have informed himself, but that the insane is bound in pathological fetters, and is the helpless prisoner of misfortune. Such is his language:

Looking at the matter therefore, from a similar point of view, no valid argument can be adduced against the punishment of the insane, even though they be morally irresponsible for their acts, by reason of delirium, dementia, morbid impulse, emotional insanity, or any other form of mental aberration."

To such wild assumptions, may we answer in the clear, cold, but just and logical expression of Balfour Browne, of the English bar:

The doctrine of all true educational or reformatory punishment is to punish as long as the individual and class to which he belongs, and on whom the example will operate most powerfully as a deterrent, have capacity sufficient directly to concatenate the suffering with the offense, and to understand how they may avoid the commission of a like crime. Any infliction of punishment under circumstances other than those just alluded to, is not only inefficacious, but tends to diminish the aggregate happiness of mankind, and is to that extent a breach of the trust reposed in the government of the country.

But the pretended expert and philosopher says:

The individual who has sufficient intelligence to know that pointing a loaded pistol at a human being, cocking it and pulling the trigger, are acts which will cause the death of the person, against whom they are directed, should be subjected to the same punishment for a homicide as would be awarded for a like offense committed by a sane person.

Indeed! Does he think so as a philosopher pure and simple, so that like justice it is too abstract to be



applied to the law, or does he think so practically, as an expert? Then what motive could have annihilated such opinion and even stimulated his zeal to bring ophthalmoscopes and dynamographs like Chinese artillery to bear upon the jury, that McFarland might be set free, even though he could "cock a pistol," and what inducement could have made him alike forswear his cherished opinion, to break the bonds of Gen. Cole, although he too, "could pull a trigger," both "with a full knowledge of the consequences of the act."

It may be that an apology is due to my brethren for asking their consideration of a *Bombastes Furioso* of false experts. But in truth, he is the type of a reckless class of men who are attempting to control the medical and even the secular press of the country, and to poison the public mind until they shall have worked upon popular ignorance and passion, as they hope, to the destruction of the present system of providing for the insane in the United States. As individuals they are insignificant, but wild and unreasoning waves of feeling sometimes arise in this country, and sweep with the velocity of our own prairie fires. How have we seen juries first acquitting, then convicting all supposed criminals under such daily goadings from the press. In fact, the natural conservatism of widely differing and separated masses of men throughout a great territory like ours, as an important factor in the social problem, has almost disappeared under the rapid spread of consentaneous sentiment, by modern modes of publication, aided by the telegraph.

These modern Spartans who would sacrifice the weaker members of society, and consign the insane to the fate of the wild beasts, just as the deformed child was flung from Laconian cliffs, are not without the cunning so admired as a virtue by their ancient prototypes.

First would they destroy, in order to rebuild. If such delusions can be made to possess medical men, in the center of intelligence and refinement, what may not a Titus Oates accomplish as he fills the credulous ear of the mob with his imaginations and inventions?

Has he not entered the Capital, whence he was once driven with the brand of ignominy after having occupied the highest medical seat of honor in the gift of the country, but occupied, as his superior declared, only to listen to base music rather than the groans and dying complaints of his thousands of countrymen in the agonies of mortal strife? Has he not cajoled even Congress to strive to wipe away that stain, when a new generation has forgotten the wrongs of the old? Does not this great moral reformer, without a belief in a Divine Master and a system of Christian morals, this judge of men's actions, to whom their conduct after all has no more of guiding spiritual motive, than the contortions of a frog, hold a magic ring, whereby the great magician of the New York *Herald* becomes his obedient henchman? Not the least extraordinary indeed of the powers of this Cardiff Giant is his ability to hoax a great metropolitan educative power like the *Herald*. What sublimity of audacity to dictate an editorial like that of the 23d March last:

Thus within a short period a measure of personal restraint has been introduced which equals in horror anything used in asylums before Pinel and Conolly undertook their reformation, and in which a wild beast could not be humanely confined. This is a crib, made after the pattern of a child's crib, but with a barred lid to it.

We have farther a harrowing description of this newly invented engine of torture, with a declaration that restraint is not allowed in Great Britain at all, and that there the asylum superintendent who should put one of his patients into a crib would lose his position in twenty-

four hours, if he did not incur more severe punishment, and closing with the exclamation:

Let the asylums be investigated. If they are in good condition and well managed, so much the better for those who control them. If they are as bad as they are said to be, the sooner the public knows the fact, the sooner the proper remedy can be applied.

Will it be believed that so complete has been this hoax upon the *Herald*, that it is seemingly unaware that the crib-bed or protection-bed was really introduced thirty-three years ago by the humane Aubanel of Marseilles, and that at this day its great value in certain cases is recognized by its use, even in the most extreme non-restraint asylums in Scotland! How does it happen that the Cagliostro of to-day, even with his wondrous armory of drugs and stage properties, has so lulled the hundred eyes of the metropolitan Argus to unconscious slumber?

But there *is* a side of this question of the existence of false experts, who impose upon the courts and the public mind their *presumption* for learning and their *ignorance* for discovery, which is too solemn for ridicule, too momentous for trifling or jest. It is not that as we remember the victims already buried, that we see Draco reappear, with swift condemnation upon his lips, it is not that the scales of justice drip with blood from hands already dyed in gore, but that behind the black robe of the semi-judicial expert, may be heard a sound, more fearful than the groans of suffering humanity, more ominous than the click of loaded arms, a sound that chills the marrow as with the breathing of a fabled vampire, it is the clink of money under the girdle. Now at last we shudder as we recognize that the false expert is no man at all, but a moral monster, whose baleful eyes glare with delusive light; whose bowels are but bags of gold, to feed which, spider-like, he casts his loathsome arms about a helpless prey.

It can scarcely be needful to say, that the more investigation, and the more information for the people, the better will be the final result to the institutions for the insane. Let there be light freely radiated. Dr. Kirkbride has well urged that the study of insanity by physicians be encouraged, and its more thorough exposition in our medical colleges. But it is at least absurd that a captain who has sailed his vessel over many stormy seas, should know less of navigation than the junk-dealer who cuts up the hulk in port. It is not outside the ranks of those who have given their lives to the practical care and cure of insane men, that science will find her guides, and the law, that does not exclude equity from justice, her most honest and faithful co-laborer.

The declaration of the committee of able men,\* appointed by the legislature of Massachusetts to examine into the condition of the insane, in 1863, is only verified by length of experience:

The interior management of hospitals, and the treatment of the insane can not be regulated by law. It would be as absurd and futile to attempt by statute, to regulate and control the minute and subtle details of mental hygiene and therapeutics in our hospitals, as it would be to legislate how physicians should treat fever, or how or when a surgeon should amputate in a case of gangrene; or even to place on the statute book laws, with penalties, for guiding the practice of a shipmaster when in peril of shipwreck, with hundreds of alarmed passengers dependent for safety on his free will, cool head, and skillful hand. The entire management and treatment of the insane must be confided to the humanity and skill of the superintendent.

The profession of medicine can not prostrate itself to the procrustean bed of ancient legal prejudice, and as fast as truth is developed and acknowledged, so should the people be taught, until the statutes shall reflect the humanity and justice alike of a Christian nation.

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\* JOURNAL OF INSANITY, Vol. XXI, p. 263.

## SUICIDE.\*

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The question of suicide, gentlemen, while of great interest to all men, has many points of special interest to the medical profession. If it was a rare thing it might not be worth while to occupy your time discussing it, but in fact it is very prevalent. On my way to lecture this morning I cut from the newspaper this slip, an entire column, headed "Gone from home or life; flight from real or imaginary ills." And this is the record, in this city, of one day: five suicides, three of them manifestly insane people wandering about at will, and two not insane. Those insane were, or ought to have been, under the care of some physician or responsible person, for even this newspaper gives a history of disordered health and mental depression in all of them. But it all goes in as *news* followed by no comments. Five murders would have startled this great city to its center, but these five self-murders do not make even a ripple on the social surface. This goes to show that suicide is of such common occurrence as not to attract attention beyond that given to an ordinary accident, or that it is accepted, after all, as a justifiable mode of getting out of the world. It might seem that this subject was rather one of morals than medicine. It is certainly within psychological study. Suicide has such an important relation to insanity, that I have thought it advisable to treat it as special topic. Physicians are called upon to meet the question of suicide, in all its

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\* Lectures delivered at Bellevue Hospital Medical College, March, 1878.

phases, in their professional duties. The history of suicide is illuminated with distinguished names from the earliest record of mankind to the present day. Men illustrious as philosophers, statesmen, warriors, poets, theologians, physicians, have gone into eternity by their own hands, side by side with the meanest and most despicable men and with those from the lowest grade of social life.

Marc Antony committed suicide because he believed that Cleopatra had proven false to him and had betrayed him. In the lowest dens of this city some wretched rag-picker living in squalor and filth commits suicide because his love is unrequited, or his mistress has preferred some one else to him. The same motive which influenced the one, rules in the rude heart of the other. Marc Antony is merely the type of the hero of romance. He leaves Octavia, his wife, for the beautiful, voluptuous and dissolute Queen of Egypt; first becomes her slave, then her paramour, then her hero. Cleopatra had allured him by the fame of her charms, and had already given birth to a child from her illegitimate relations with Julius Cæsar. When she heard of Antony's defeat, she sent to have him informed that she was dead, probably as a test of his devotion. At this he fatally wounded himself, when another messenger came to take him to her chamber. He revived sufficiently to reach her, and was drawn up by a cord into her chamber, through the window. She there laid him on a couch and in agony saw him die. Having buried him, and covered his tomb with flowers, she then attired herself in gorgeous dress and followed him in self-destruction, leaving this pathetic record, "hide me, hide me with thee in the grave; for life since *thou* hast left it, has been misery to me." This class ornaments the page of history, the other sinks speedily into ob-



livion. But the lives of each, alike, belong to society, and the distinction is only that which position gives.

I would recall to your minds the tragic death of two persons—murder and suicide—whose bodies lay in the morgue a few days ago—a history of passion and jealousy. You will remember this man\* went into business in Chicago, fell in with the wife of a cattle dealer, seduced her, and brought her to this city, with two of her children, toiled and struggled to support her, and finally, believing she was cooling in her ardor for him and listening to others, he killed her, and then himself. A man of sixty and a woman over forty! I saw them lie there, side by side, only a few hours after the tragedy. No insanity there, only crime. As I remarked to you in regard to a case, in a former lecture, it was fortunate that the suicide was accomplished fully. An unsuccessful attempt would, in all probability, have transferred this case from the coroner to the criminal calendar, with a background of insanity as a defense for the homicide. And as the woman was cut and hacked, in the most brutal manner, and then shot, the atrocity of the deed, with attempted suicide, would have afforded a certain class of experts the evidence.

Among the ancients suicide was not only common, but, in fact, formed part of a code of honor and religion. It was deemed justifiable in a king, a statesman, a soldier, an orator, a poet, to have some faithful servant slay him, or to slay or poison himself, rather than fall into the hands of an enemy. History is full of illustrations. Nicoles, King of Paphos, with his wife and daughter, committed suicide rather than submit to his enemy, King Ptolemy; Cato killed himself, and gave as a reason that he would not live to grace the triumph of Cæsar. Hannibal, Cassius, Brutus are illustrious sui-

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\* Case of Johnson.

cides among soldiers; Demosthenes and Isocrates among orators; Lucan and Empedocles among poets; Seneca says, "Does life please you? live on; does it not? go from whence you came." Epictetus says, "If you like not life you may leave it, the door is open, get you gone! But a little smoke ought not to frighten you away; it should be endured, and will thereby be often surmounted." So powerful was the example thus set by eminent men that suicide was accepted as a national custom. The Roman laws allowed suicide and in portions of the Empire the magistrates had the power to grant the permission or refuse the exercise of the act. A man was justified in killing himself "either through weariness of life, impatience, under pain or ill-health, for a load of private debt, or for any other reason not affecting the State or public treasury." This was the Roman law under the Emperor Antonine:

If your father or your brother, not being accused of any crime, kill himself, either to escape from grief, or through weariness of life, or through despair, or through mental derangement, his will shall be valid; or if he die intestate, his heirs shall succeed—*Voltaire's Phil. Dic.*, Vol. II, p. 104.

These views were the offspring of the philosophical teachings of the times. Suicide was a cardinal virtue among the stoics, and Zeno, the founder, hanged himself at ninety-eight, after falling down and putting a finger out of joint. The Epicureans maintained the same view and commended suicide. Many of the eminent writers among the ancients, advocated suicide. Pliny, the elder, speaks of it as the greatest indulgence which God has given to man, amid the severe ills of life. The younger Pliny held different views. In commenting on the suicide of a friend he characterized it as "a kind of death which neither proceeds from Nature nor from Fate." Plato, in his *Phædrus*, makes Socrates say

that suicide is not lawful, "that the Gods take care of us, and that we men are one of their possessions. Perhaps then, in this point of view, it is not unreasonable to assert, that a man ought not to kill himself before the Deity lays him under the necessity of doing so, such as that now laid on me." We shudder at the Japanese ordering a man to slay himself, but we contemplate the compulsory suicide of Socrates with philosophic calmness, because we have learned to look upon him as acquiescing under his belief in a divine power. But notwithstanding adverse opinions among some of the best men, the great mass of the wise and the ignorant accepted other teachings, and suicide was surrounded with a sort of halo. Cicero, perhaps, has thrown as much interest and halo around suicide, in his philosophical discussions, as any of the writers who themselves advocated it. Though at all ages of the world there have been eminent men to commend it among writers and thinkers, and even teachers in morals have deemed it justifiable. There has always been, however, in man's nature, a revolt against self-destruction, and one can not avoid the thought that at no time have men really sought and desired death, as better than life, except as an escape from real or imaginary evils. Even among the ancients suicide was only an expedient which they sought to make justifiable by the most sophistical and specious reasoning.

In modern times the views of the ancients have been commended by such writers as Hume, Montesquieu, Rousseau, Montaigne and Gibbon. Madame de Staël wrote favorably of suicide in her work on the Passions, but in her subsequent work "*Reflections on Suicide*," she quite recanted her views. When Buonaparte in his darkest hours was questioned on this subject, he said:

No, no; I have not enough of the Roman in me to destroy myself. \* \* \* Suicide is a crime the most revolting to my feelings; nor does any reason present itself to my understanding by which it can be justified. It certainly originates in that species of fear which we denominate cowardice; for what claim can that man have to courage who trembles at the frowns of fortune? True heroism consists in becoming superior to the ills of life, in whatever shape they may challenge him to the combat.—(Warder's Letters.)

Though the teachings of later times are against suicide yet the number of suicides is very great. If a man becomes accustomed to think of suicide as justifiable, he will be far more likely to resort to it under changes of fortune, or under domestic difficulties, or disappointments of any kind, than one would who had different mental training, and who questioned the morality of suicide; and he who *believed* suicide a violation of nature and a moral wrong, would be still less likely to resort to it in trouble. All history shows, as the study of psychology does, that education, in its broad sense, has the greatest influence in determining, not only the character and scope of ideas of a people, but largely the practice of men's lives as manifested in their acts. If custom and education have had a powerful influence in the past, they have now. If from youth we are accustomed to read of suicide, in the daily news, as I have already pointed out, and we thus grow up accounting it among the ordinary facts of life, we shall have little horror of such a death, morally or physically.

I recall the case of a boy thirteen years old, where mental strain, anxiety and loss of sleep, led to an attempt at suicide. His father died leaving the family in poor circumstances, and the mother impressed this boy with the sentiment that she would look to him for support. He was employed by a barber to keep his rooms in good condition, for a small sum, and his

mother, with a view of stimulating him to industry and economy encouraged the sentiment of her sole dependence on him. He then undertook selling newspapers early in the morning as an additional work. He at length got nervous, unhappy and disheartened, and purchased a pistol and attempted to blow out his brains. The ball tore the scalp from the forehead, but did not otherwise injure him. Two things brought him to this—first, the injudicious pressure of the idea of duty by his mother; secondly, he at this time read of a suicide by shooting in the head. In this case there was depression, but it did not reach a condition of delusion or even a delusive state of mind. There was no condition of mental clouding, as he deliberately purchased the pistol and arranged his duties, and, as he said to me, made up his mind he could not do what was required of him, and that he would rather kill himself than be constantly talked to. He had not taken into consideration the moral question, and was quite startled when I told him it was wicked. He said the papers did not say so about Mr. —— (a respectable citizen who had killed himself a few days before). Now, gentlemen, on the morality of this act, the boy had not reflected, and the newspaper had not condemned it. So there are things in daily life which we do not reflect on when familiar with them. The custom of the times in regard to business affairs, in moral aspects, may illustrate this. What is considered honest and what dishonest? What transactions of a doubtful character are finally determined through expediency! If success crown the effort how little the unfavorable influence on the general and social estimate of character. Still, gentlemen, you may rely upon it that he who holds strictly to the moral side, who feels and understands that he is responsible for his own acts, is a

stronger man in the hour of success, as well as trouble. As medical men, always working in your profession, in the midst of the ills of life, teachers as well as doctors, if you carry with you the highest sense of responsibility, you may depend upon it, you will be all the more trusted by all classes of men.

The teachings of Rousseau must have exerted an evil influence on the French mind in regard to suicide. "To seek one's own good and avoid one's own harm, in that which hurts not another, is the law of Nature," was the sophism which Rousseau applied to suicide. This proposition leaves out all morality and responsibility, and reduces the question of continuing life to what the individual may deem expediency and comfort. If we could conceive a man so situated as to be isolated from all relations with his fellow-men, so as to affect no one by his acts, either in their example or consequences, and then we should admit that man was morally the arbiter of his own life, to do with it as he should choose, then the proposition of Rousseau might apply to such an individual. Even Voltaire, whom many would not consider as a representative advocate of the higher responsibility of acts, in speaking of the suicide of Cato, characterizes the act as one "surmounting the most powerful instinct of nature." I have conversed with many persons, both sane and insane, who have attempted suicide, and with few exceptions, I have found that after the moral question was decided, the question of responsibility to a future, for the act, the prudential reasons of family, relations of business with other men, character, &c., were easily disposed of.

As kindred to the influence of education on the subject of suicide, the idea of heredity of suicide has undoubtedly great power. It is not clear to my mind how the doctrine of heredity can possibly apply to sui-



cide of sane people, any more than to homicide, or theft, or gambling or burglary. I can see how a son might come to think that what his father thought or did, or what his grandfather did, was justifiable in him and that he should thus drift without much reflection into the same habits or mode of thinking; but I am unable to see how the parent could impress upon the organization of the offspring a mental bias favoring self-destruction. I can readily conceive how a legendary history of suicide, in any given family, may lead its members to think that they may be subject to the same thing. I have received many letters of inquiry from persons, especially from young men and women about to contract marriage or from their friends, stating that the father or some other member of the family had committed suicide, and asking whether they would be liable to do the same. I have frequently been consulted personally upon the same point. I recall the case of a well educated business man of competence, who consulted me on this subject of hereditary stress of suicide. He afterward came to the Asylum, accompanied by his wife, to talk the matter over, and I discovered there was nothing in his case to justify his thoughts of suicide, but the fact that he was approaching the age when his father and two older brothers had killed themselves, and that he was living in dread of this misfortune overtaking him. I never saw any man more thoroughly impressed with the idea of fate than he was upon this point. He subsequently came to the Institution and remained, as a patient, over the period, and never afterward thought of suicide. It is not at all unusual to hear the expression that suicide has been quite frequent in such and such families, undoubtedly largely dependent upon the idea of heredity.

Imitation, if that term may be used to characterize the influence which the publication of suicides, in

their mode and circumstances, in the newspapers, has also a great influence in inducing suicide, under the common ills and temporary adversities of life. The fact that suicide has been resorted to by A and B, induces C to the same act under similar circumstances. Man not only thus imitates or follows his fellow-man, but justifies, to himself, his conduct by that of others, even though he might not really justify the same act at the bar of conscience. The drunkard does this, the thief also; all manner of iniquitous schemes are plotted because of precedent for such things. The famous order of Napoleon, which served to arrest suicide among the military, shows the power of opinion over men.

The grenadier Groblin has committed suicide from a disappointment in love. He was in other respects a worthy man. This is the second event of the kind that has happened in this corps within a month. The First Consul directs that it shall be notified in the order of the day of the guard, that a soldier ought to know how to overcome the grief and melancholy of his passions; that there is as much true courage in bearing mental affliction manfully, as in remaining unmoved under the fire of a battery. To abandon one's self to grief without resisting, and to kill one's self in order to escape from it, is like abandoning the field of battle before being conquered.—Napoleon.

You will be asked, "Doctor, what do you think of suicide?" Upon your answer may often hang the life of the questioner. I have been asked this by persons who had at the moment the intent of suicide. Gentlemen, give no doubtful answer. It is said of Creech, the commentator on Lucretius, that he left on his manuscript: "N. B.—Must hang myself when I have finished," and he did, that he might enjoy the same kind of death as his illustrious master. Voltaire, facetiously remarks: "If he had undertaken a commentary upon Ovid he would have lived longer."

I recall the case of a young lady in Utica, who, some years ago, came to the Asylum one morning about four o'clock and asked the watchman to wake me, as it was important to see me immediately. I saw her; her clothes were wet and draggled, and I asked her at once, "Where have you been?" She instantly replied, "In the canal to drown myself." She had been out of health and depressed for some time, and finally determined that she would be better out of the way, and, after a great mental struggle, she left the house, in a cold fall night, went to the canal and jumped in. She said the shock of the water, to use her own words, "brought me to think, and I got out and made up my mind that I would at once come and see you and find out whether I was only wicked or, perhaps, insane, and here I am." She had the self condemnatory delusions of religious melancholia. Though an excellent Christian girl, she accused herself of all manner of delinquencies in duty, faith, &c., and declared that *her* sins were unpardonable. She passed through an attack of melancholia and recovered. Had she not been educated to look upon suicide as a crime against Nature and her Creator, she would not have had a mental struggle, would not have got out of the canal or sought advice to find out the source of her suicidal thoughts. I could bring before you, gentlemen, a great many illustrative cases if there were time and necessity.

The mental state suggestive of suicide is a very important one for the physician to consider and study. Outside of the line of well marked insanity, the passions are mainly at the bottom of suicide, and to the medical man the passions are only a part of man's mental constitution. You will often be perplexed in deciding whether a case of suicide be one of sanity or insanity. You will be called in cases of sudden death or of un-

known means of death, and your opinion on this matter will be asked under oath. Or, what is not at all uncommon, a man will commit suicide who has an insurance policy, and you may be called to testify whether or not the act is one of insanity. I recall the case of a boat-captain, who, for many years, laid up his small earnings in life insurance. When about sixty years of age, his health failed somewhat. He began to suffer from indigestion, more or less depression of spirits, nervousness and apprehensions about his boat and duties which he discharged well. He finally said to his employers that he did not feel as though he could continue the charge, and though they knew he was more or less out of health and depressed in spirits, it did not occur to them that there was any serious mental disturbance. One morning, with his little daughter in the room, he was up early dressing to get to his boat, and when partly dressed took a pistol and deliberately shot himself in the head, leaving no record or word. Here the payment of insurance was contested on the ground of deliberate self-destruction, but the history of the case disclosed, step by step, the invasion of bodily disease and coincident and dependent mental disturbance—in the end the development of a melancholia and after long delay the claim was paid. But many of the insurance companies now put in a clause of non-payment in case of suicide whether *sane or insane*. This is an important question: Can a lunatic commit suicide? Strictly speaking he can not. But without discussion of this point, this clause will not avoid inquiring into cases of sudden death, and where circumstances may point to both suicide and accidental death. Accidental death from handling firearms, by drowning, by poison, &c., are sufficiently frequent, and in many cases the circumstances are such as to create a reasonable doubt whether the

death may not be accounted for by either accident or suicide.

NOTE.—I have recently had my attention called to a newspaper account of a Frenchman, who, about failing in business, made provision for his family in large life insurance investments and then visited Switzerland and in the Alps, with a guide, he went over a precipice, either fell or threw himself, and was killed. The insurance had to be paid, as it was impossible to prove suicide.

Whether or not the clause in the insurance policies is sound in principle or not, it stands on the same ground to us, as medical men, with territorial prohibition. You make a contract which forbids you to go, without permission of the Insurance Company, into territory where certain fatal diseases prevail. If you disregard this part of the contract and die, the contract is void. Still you may have any of these diseases and die of them within certain territory and the insurance will be paid. You can not bind yourself against the common disease insanity; you may have insanity and die of it, but sane or insane you must not commit suicide. The assumption is that suicide is not a necessity growing out of the disease, but is so largely preventable by proper care that the friends of the insured are bound to use all diligence to secure against it. The statistics of treatment in the Asylum, on this point, go to justify the reasonableness of this view.\* Otherwise the clause could hardly be sustained—for the act, in an insane man, is one of irresponsibility which he himself may not unaided, be able

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\* In the examination of Commissioner Wilkes (Report of Dalrymple Committee), in the answer to question No. 748, he said: "From a report which I obtained from the Register General, which is at present not published, it seems that during the year 1865, there was about sixteen hundred patients in England alone, who committed suicide; probably not all, but the great majority of them were insane, and they committed suicide for the want of proper care." Lord Shaftesbury being subsequently examined, said in regard to this statement: "Now when I come to look into that statement by Mr. Wilkes, I find that these sixteen hundred suicides were committed by

to avoid. The self-killing, under such circumstances, could hardly be construed as a fraudulent intent to reap any undue or improper advantage from the contract or to disregard his obligations to the other party.

I must here say to you, gentlemen, that one of the symptoms almost universally present in melancholia is suicidal suggestion. In certain cases suggestions seem to have their foundation in such controlling delusions that they are quite beyond the power of resistance; the delusion being that suicide is a direct command of God, and, therefore, an imperative duty. But even in ordinary cases there is danger from the first and all through melancholia, and the responsibility will rest upon you to advise, and you want to keep this in mind. Suppose in a case where there is insurance you are called after an attempt at suicide by poisoning, or by shooting, or by hanging, and the patient does not die immediately, but never fully rallies and subsequently and soon after dies of inflammation or from the secondary effects of wounds, have you a case of suicide? Suppose the patient gradually starves to death under delusions of poisoned food or that it is sinful to eat, have you a case of suicide? Is such a death from disease? I bring these points to your attention, for they may some time need your personal thought.

There is another important point I would draw your attention to in this connection. That is, the connection of your own treatment of cases of attempted suicide as a medico-legal question; what effect the probing of

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persons at large, while the number of suicides committed by persons under care and confinement amounted only to twenty-one, and they were classified as follows: county and borough asylums, 11; hospitals, 3; metropolitan and licensed house, 1; provincial licensed houses, 4. But the whole number of suicidal patients under confinement at present in the various asylums is 6,096. That return shows that unless they were under care and treatment they would in all probability, or the greater proportion of them have indulged their propensity, and would have committed suicide."



wounds or the administration of remedies may have. I was called in consultation, three years ago, where a man shot himself in the head. He had a series of convulsions and then passed into a sleep and from this came out fully conscious. We did not probe the wound, being quite satisfied that we could do no good and might do injury. He fully recovered and has been entirely well since. In the case of Fisk who was shot by Stokes in the Grand Central Hotel, in this city, the surgical manipulations and medical remedies were arraigned as casting doubt upon the immediate cause of death. In a recent murder trial in Auburn the medical attendant was censured, to say the least, for his treatment of the case after the injury which resulted in death. I do not intend to convey the idea, gentlemen, that in these cases there were substantial grounds for censure. I only mention them to illustrate the point and to impress upon you the importance of the greatest caution and discretion in all such cases. Because no matter how they happen to be brought into courts, whether under criminal law or for damages or on questions of insurance, physicians bear the real responsibility. To you, as men, the importance or non-importance of discriminating against this particular symptom of insanity, in insurance, may be of little moment, but as medical practitioners you have grave responsibilities. First, you have to answer whether the person attempting or committing suicide was insane—then the questions already indicated in diagnosing suicide from accidental death, &c. Not long since I was consulted in a case where a man attempted suicide by cutting his throat and after loss of blood fainted, then rallied and afterwards made some large business transactions and a will, and died in a few hours, suddenly sinking and passing into coma and death—the suicide and all subsequent transactions com-

ing within a day. Now the history of this case went to show that suicide was deliberate and without mental obscuration. He had given his life largely to excesses in wine and women, had not long before been informed that he was the subject of a progressive and incurable disease, which would close off all of life which he esteemed valuable; therefore, he made up his mind to die. I have said that among the sane suicide was largely a matter of education. This must be taken in connection with the fact that suicide is a violation of nature. Nature revolts at suicide. If it was a mode of death that could be justified in nature, it would not need the eloquent and fallacious reasonings of philosophers and moralists in any age of the world to sustain it. This is such a strong, popular sentiment, that there are many who believe that suicide is always an insane act. Suicide is always an unnatural act, but in the large proportion of cases, if not the majority, it is committed by sane people.

We may ask what is the state of mind in which such an act is committed, and how do ordinary suicides differ from the insane, if differences exists? That the mental state must generally be more or less abnormal in the serious contemplation of suicide, would hardly be disputed. In the emotions and passions we look for the motives and controlling influences of suicide in those who are not insane. Love, pride, remorse, chagrin, disappointments, failures in political ambition, disgust of life, dread of exposures of crimes and frauds, these are the sources from which suicides mainly spring among sane people. It is a notable fact, too, that few criminals commit suicide after conviction and sentence. After trouble is well contemplated, the ardor of emotion cools and reason begins to assert herself. Suicides in the sane are committed either in a calm, deliberate

state of mind in which the individual, having determined on his course of action, from full contemplation of all the consequences, resolves the question as he would any serious matter of business; or, it is committed in a turbulent state of the emotions under conflicting and harrassing fears and apprehensions; or, in a tempest of passion; or, in an overwhelming disgust with the world; or, under the influence of a long and wearing sorrow; or, under the dread of suffering from loathsome or incurable disease; or, finally, as a matter of morbid sentiment.

To judge of the influence and force of the passions in leading to self-destruction, and fix in our minds their power we must not only look at them in excitement and calm, on single occasions, but through the wide scope and activity of the hopes, desires, wishes, fears, &c., of man. We must consider also the relations which we see and feel exist between mind and body, in the daily experience of life. See how hope elevates and energizes, how fear depresses, the bodily condition. Hope quickens the circulation, produces a feeling of warmth and comfort, while fear lowers the temperature and the heart force, induces sweating, excessive action of the kidneys and often nausea and even diarrhoea. Anger will not only induce constipation and jaundice, but, through violent action of the heart and consequent disturbance of the circulation, even convulsions. Under the dominion of depressing passions, disappointments and chagrin, the physical man is in a state of disturbed equilibrium and life is clouded. Now under such conditions suicide is sometimes contemplated and committed. But all this is only, on the physical side, physiological strain, and, on the mental side, only the sweep of passion over the soul. There is no disease and no delusion, and all this is sanity. Among histor-

ical instances where love and jealousy and sorrow have driven to suicide, I have cited Antony and Cleopatra. Othello and Desdemona are also examples. But we need not go to history for such facts are daily about us.

The ideas and practice of the ancient civilization in regard to suicide underwent a great change after the time of Constantine and the prevalence of the Christian religion, which always taught that suicide was one of the degrees of murder. For a long period, even in the history of mediæval Christianity, it was comparatively a rare crime, but with the return of the Pagan ideas of materialism or atheism, it became again more common. In the sixth century ecclesiastical law condemned suicide and denied Christian rites of burial, and after the Reformation this became statute law in England.

It shows what had been the habitual attitude of the popular mind towards death, caused by the prevailing influence of Christianity, when Shakspeare makes Hamlet debate the question of suicide as one of escaping the ills we have by fleeing to others that we know not of.

“To be or not to be, that is the question,  
\* \* The dread of something, after death,  
\* \* Puzzles the will.”

Villeneuve, one of Napoleon's great admirals killed himself under pride, mortification and fear of humiliation. He procured anatomical plates of the chest showing the exact situation of the heart. He then placed the paper chart on his bare chest and passed a pin through the paper heart and into his own, and the suicide was successful.

In January, 1878, a man by the name of Hoppin was tried at Auburn for the murder of the seducer of his sister and acquitted. The man refused to marry the girl after having seduced her under promise of marriage, and

she attempted suicide by taking poison. The letter she wrote after having taken the poison reveals her state of mind, and the contending emotions in such an hour; remorse, shame, justification, hope, affection.

DEAR PARENTS, BROTHERS AND SISTERS :

Forgive me, but I have committed a great crime and care not to live; I haven't spent a happy day or moment for a number of months; I have tried to act natural, but found no pleasure anywhere; there is one person who might have saved me from this; but he thought I was trying to deceive him. He knows why I die; God alone knows what I have suffered; oh, death is the only relief; you are all very dear to me, and it is hard to leave you, but it is best. I once enjoyed religion; oh, that I had continued to serve God, I would not have been where I am now; oh, if I was the girl I was when I went to the Valley; I had always said I would never cause you any trouble; but I have fallen, and am forever ruined. I hope you will all meet in heaven, I trust you will, but I shall never go there. Think of me as lost; I might have been a christian now. The Bible says, the vilest sinner may return, but it is better that I die than live as I am; you will soon forget and it is better that you should; tears prevent my writing and I bid you

Farewell forever,

LINA.

My young friends will think I have done them great injustice in accepting their invitation, but I knew it was the last time, and I tried to forget the troubled future in so doing.

LINA.

How the love of life and its pleasures mingle with her affections and ideas of suicide! How touching and natural the postscript—she could not resist attending a party, and apologizes on the verge of eternity. Her brother was acquitted and was married in the presence of the jury to a woman who stood by him through imprisonment and trial. To make the tragedy more tragic the physician who had medical charge of the seducer, and against whom the charge was suggested that his imprudent interference hastened death, dropped dead the same day of the acquittal and marriage.

You may also have to decide whether certain cases have been suicide or murder. Some years ago a woman, the wife of a clergyman, was found in bed with her throat cut. The amount of blood was comparatively small and the blood had not spirted much over the bed clothes; a razor was in or near her hand. The husband was indicted and tried for murder. It was argued that suicide could not be thus committed, the woman lying on her back, and that such a wound would have deluged the bed with blood; further, it was asserted that these facts went to show that she had been killed and afterwards her throat cut to make it appear a suicide. The expert who was called by the defense maintained that the cut, while it severed the carotid, also severed the pneumogastric nerve and caused instant death and accounted for the small amount of blood found. This so shook the case that the man was acquitted. I could cite a number of instances where the question has been raised as to whether death was suicide or homicide. The question is one of practical interest to physicians and has a place in medical jurisprudence.

The next point is this—are there differences of an obvious character between suicide of sane and insane? The prominent and essential distinction between a suicide by a sane and an insane person may be easily stated. Delusion is the test and touch-stone in the diagnosis of insanity. Now, this state being present, would determine the character of a suicide. But the person committing the act may not have left a record of his reasons in anything said or written. In such a case the judgment must be formed on the circumstances and history of the individual. A man of means, intelligence and family, became broken in health, and finally blind; after he had secured the opinion of the best men



of the profession and found there was no hope of regaining sight or health, he killed himself. The inference is that this is a deliberate suicide by a sane man. Some time ago I was consulted by a man who had had a slight paralysis. It was followed by loss of sexual desire and power. He consulted me particularly upon the latter, and I gave him the opinion that with return of general vigor this function would return—probably in a few months—as the paralysis had almost disappeared. He subsequently told me that he had fully prepared for suicide by poison in case I should give an unfavorable opinion. Such a suicide would be a sane act. A man who was worth from one hundred to one hundred and fifty thousand dollars had an attack of dyspepsia and became depressed; began to apprehend poverty; asserted that everything was going to ruin; that sooner or later his family would have to go to the poor-house. At the same time he was quite reserved as to whom he communicated these views; gentlemanly and particular in his personal matters, and at times partly conscious that his ideas were delusive; but one day, while passing the window of an engine-house in company with an attendant, he suddenly leaped through the window, put his hat down, and threw his head directly under the revolving crank of an engine, where it was crushed. This man was insane and killed himself under the delusion of approaching poverty.

The dread of poverty and want are frequent causes of suicide both among the sane and insane. There are numerous cases where the poor thus leave the world because they despair of even physical existence for themselves and families. How often such people take poison or hang themselves or throw themselves into rivers, cisterns, docks and canals. The sane, however, who for this cause commit suicide, are mainly those who have seen

better days and have gradually sank into helpless and hopeless poverty. Among the insane who commit suicide from dread of poverty, the great majority are well to do, or rich, but are laboring under the delusion that they have lost everything and are about to be put in a poor-house or prison. Of this class I could give you hundreds of illustrations from experience.

Remorse is also a frequent cause of suicide among sane and insane. Among great historical instances, we have the case of Charles IX, of France, who, though he did not actually commit suicide by violence, underwent mental tortures and bodily privations which secured his death. He is said to have exhibited fiendish gratification at the suffering and magnitude of the massacre of St. Bartholomew, in which he caused the murder of near fifty thousand people. He afterwards was tormented with hallucinations of the shrieks and cries of the slaughtered, and it is recorded that at his own death, blood oozed from his body under his intense agony. The remorse of Cardinal Beaufort at the murder of the Duke of Gloucester, is an illustration of the power of this feeling and what a man may endure and yet not be mad. Harpsfield describes Beaufort's death as terrible: "Must I die? Will not all my riches save me? I could purchase the kingdom if that would save my life? What! is there no bribing of death?" Shakespeare has well presented this historical scene in King Henry VI, 3d Act. The remorse of an insane man over real and imaginary wrongs he has committed, is often a terrible picture of misery. I have seen illustrations of the power of the feeling of remorse in the insane. A man writhing in agony till his clothes and bedding were wet through with sweat; where a man is insane, yet revolving in his mind a real wrong he had committed.

This man made frequent attempts at suicide, but was prevented and he finally recovered.

A man who in early life was of an active, energetic, vigorous mind, and who accumulated quite a fortune. In his business he employed a number of persons and being thrown at one time with the wife of one of his most trusted agents, he seduced her. Shortly after this the agent died, and although there were no current suspicions of any improper relations with this woman, he began to fear that she might disclose this, and injure and destroy his character and family. He himself was unmarried, occupied a high position in society, and was considered a thoroughly honorable man, and the feeling of apprehension and remorse made his life miserable, although he constantly kept an outward show of happiness and contentment. He indirectly contributed to the family of this former agent, putting a son in the way of obtaining an education, helping them. His health finally began to give way under this pressure and mental strain, and he attempted suicide by hanging, but was rescued. I was called in consultation and he disclosed to me this history of the cause of his unhappiness, and stated that he was in a condition of continued remorse, though he had disclosed it to no other person, except a sister. He soon afterward made two ineffectual attempts at hanging, and about this time the woman whom he had seduced died. He then told me he should make no more efforts to kill himself, that the only witness being gone he should now endeavor to atone as far as was possible, by helping the family, and did do everything that a man could in this way of atonement. Now this case had apparently the elements of a true melancholia, but the inner history showed that it was only a remorse and fear of exposure, and that the whole case was within the dominion of natural

feelings, untinged by disease; simply remorse and fear of being discovered and exposed.

Suicide is often spoken of as an impulse. It is said a person is impulsively driven to suicide. Thus we have in books, "suicidal impulse," "suicidal mania," "suicidal insanity;" as though self-destruction was an instinctive feeling, an irresistible desire, bursting into action without cause. Can we conceive of an irresistible power generated in the mind, without reason, without intellect or motive—a blind impulse to a physical act? My experience enables me to verify the declaration of Esquirol, that he had never seen an unequivocal instance of any individual, drawn to the commission of suicide by an irresistible impulse, independently of any secret trouble, real or imaginary. Now this is an important declaration to bear in mind, for it will often be the key to diagnosis in the investigation of cases, especially when there is a disposition on the part of the friends to conceal the real cause of the suicidal feeling, or perhaps, suicidal attempt. Sometimes after an unsuccessful attempt an individual may himself wish to conceal the real cause, and will say, "I do not know what led me to such an act." You can safely say that such an answer is simply evasive. A man may attempt suicide in a frenzy of rage, but such a thing is rare. That under temporary hyperæmia, or the influence of narcotics or drink, a cloud may come over the mind and a person *may* then commit suicide, may be admitted. But in such cases it is not an impulse, but the act is due to a morbid state of system in which the mind is disturbed and delusions or hallucinations developed, or long buried troubles revived. In many persons intoxication stirs up bad blood, and in others seems to reproduce painfully, past acts of an unpleasant character, and then in this condition of feeble resistance they may attempt

suicide. We know too that persons under the poisonous influence of narcotics and alcohol do develop hallucinations and delusions. So too, after long weariness and mental strain a condition of cerebral hyperæmia and blood stasis may result in the development of hallucinations of a painful character and determine suicide. The unfortunate suicide of Hugh Miller, the gifted author of "Foot-prints of the Creator," was probably committed in such a state. The suicide of Lord Castlereagh is another illustration.

NOTE.—Here there was probably an element of superstition, and some writers, Dr. Winslow especially (*Anatomy of Suicide*, page 242), maintain that previous to seeing the apparition in the night, Lord Castlereagh had been so far out of health that the Duke of Wellington had seen the necessity of medical advice in his case, and had a physician sent to him. However this may be, the night that this "Radiant Child" appeared, he continued without sleep and harrassed in mind. De Boismont (*Rational History of Hallucinations*), in his chapter on hallucinations consistent with reason but not corrected by the understanding, page 62, gives this case, and shows that Lord Castlereagh was at the time visiting a friend in one of the old castles of Ireland, and was given a room where "the rich sculptured wainscot, blackened by time; the immense arch of the chimney, looking like the entrance to a sepulchre; the long range of ancestral portraits, with their proud and disdainful looks; the ample draperies, dusty and heavy, which hung before the windows and surrounded the bed, were all well calculated to give a melancholy turn to his thoughts. \* \* \* Having dismissed his valet, he went to bed. He had put out his lamp, when he became aware of a ray of light at the head of his bed; convinced that there was no fire in the grate, that the curtains were closed, and that a few minutes previously the room was in total darkness, he supposed that some person had entered. Quickly turning towards the point whence the light proceeded, he saw to his great astonishment the figure of a beautiful child, surrounded with a halo, which stood at some distance from his bed." Subsequently, in talking at breakfast with the master of the house and guests, he stated what he had seen. The host simply observed that that was not extraordinary to those acquainted with the castle and family legends,

and said: "You have seen the radiant boy, be content it is an omen of prosperous fortune, but I would rather that this subject should not again be mentioned." At this time he was Marquis of Londonderry. It is said also that he subsequently saw this apparition in the House of Commons, and the writer adds "*probably* on the day of his suicide he had a similar apparition." He severed his carotid artery and died instantly.

The manifestations of hallucinations under temporary illness and also under mental strain would not be questioned. They are very abundant in history, and by no means rare in the observation of medical men. That they should sometimes be of a character to influence to suicide directly would not be at all singular. Any one interested in the subject will see what an extraordinary variety and character of hallucinations may appear, on looking over the work of De Boismont and similar books. I have myself met with many instances of an attempt at suicide from various hallucinations. One case, where a gentleman had been more or less prominently associated with the authorities in putting down the Know-nothing riot in Philadelphia, and who during that time received many threatening letters, some years afterward, under great mental strain, began to be apprehensive that he might be injured, and this was awakened by the re-discussion of the original subject. He left home and went to Canada. There he was harrassed by hallucinations of hearing; could hear persons singing ribald songs outside his room, and charging their authorship to him, he however, not disclosing any of these hallucinations at the time. His friends followed him and induced him to return. On his way, and while dining at a hotel, and carving at the head of the table, he suddenly sprang from his chair and drew the knife across his throat, and would have succeeded in severing the arteries but for the knife catching in the cravat and clothing, and his friends seizing him. He told me afterwards of the hal-



lucinations in Canada, and at the time of the attempt, that the two waiters coming in at the door of the dining-room he mistook for assassins, and heard one of them say "shoot him," and saw the pistol pointed. These never reappeared, though he lived for many years; but I heard him frequently say afterwards that no realities of life were more substantial at the time than those hallucinations.

I have already said that the essential distinction between suicide of sane and insane was a delusional state of mind in the latter; and growing out of this there is a difference in what may be denominated the invasion or development of the intent. I have never seen a case of suicidal attempt, where the person was insane, however mild the type, which was not preceded by more or less disturbance of physical health and mental oscillation. This is sometimes the case in the sane, but is far from being a rule. You will find that in most cases of developing suicide, in insanity, there is not only the disturbance of health and mental oscillation, but the mental condition is a tendency to depression—to a painful mental state. In the majority of such cases the early symptoms are misleading, to one not familiar with them. Therefore, I desire to impress them on your minds. Such persons become reticent, retiring, timid, fearful, apprehensive, self-condemning, morbidly conscientious; they may say they are too much trouble to their friends and family, and especially they may desire to be alone, or at least withdraw from society. This is a characteristic group of mental phenomena which should demand your recognition. From this mental state distinct delusions are soon formed, and they are likely to be of a character to suggest ideas of suicide. In this commencing stage timely advice and caution on the part of the medical man and proper attention to the

physical health may not only avert suicide, but arrest the development of an attack of melancholia.

If a person, without exception as to education or character, manifests a depression which is accompanied with apprehensions and suspicions, however vague and shadowy they may be, he is threatened with melancholia, and this condition of apprehension and suspicion differentiates a coming melancholia from common depression or a fit of the blues.

Now, if with the very earliest manifestation of such depression as I have mentioned, the medical attendant will not only warn the family of the danger of suicide, but also the patient, and will tell them frankly that suicidal thoughts are almost always present, in some degree, in melancholy, as morbid mental symptoms; that the patient or friends must not give moral assent to the justifiableness of suicide, under any circumstances, and thus weaken the resisting power; if such advice is given, the patient will be prepared for the worst and be far more likely to resist delusion and suicide successfully, and the family will be on their guard. If the case does not come under care until fully developed, it will still be all important to impress the patient and the family with the treacherous character of suicidal thoughts, their presence as a symptom of the disease and the moral wrong of suicide. (Case of Miss —— friends did not suspect suicide until she asked them to take the looking-glass from the room). All this, especially at the earliest stage, may seem like an intrusion on personal and private feelings, but as I look over the field of experience, I can not but think such interference not only justifiable, but a duty which the medical practitioner owes to his patient. This manifestation of disease should in no wise be ignored or trifled with. The medical man should speak of suicide to the patient as frankly and

openly as he would of any other mental symptom—no evasion, no disguise. Ask the question, have you thought of suicide? Now, when I tell you that suicidal ideas are present in nearly all cases of melancholia, and that this form of insanity embraces one-fourth of all the insane, you will see the force of this advice. When to this you add the fact that the suicidal thoughts are among the earliest manifestations, as I have said already, that they are present even before the apprehensions and suspicions and general unhappiness which usher in the disease have taken shape in definite delusions. Then, if you bear in mind that these persons first come under the observation of the general practitioner, you will see where the first responsibility rests. I have taken pains to look into the records of the Asylum, to see what proportion of cases of melancholia have attempted suicide in their homes, and largely in the developing stage. When I tell you that in addition to those who have succeeded in suicide, thirty-five per cent. of all melancholics admitted have made unsuccessful attempts, you will further appreciate the magnitude of the subject as well as your responsibility. I will give you the exact figures for five years.

In 1873, 93 cases of melancholia were admitted to the Asylum, and 33 had attempted suicide.

In 1874, 83 cases of melancholia were admitted; 42 had attempted suicide.

In 1875, 108 cases of melancholia were admitted; 29 had attempted suicide.

In 1876, 100 cases of melancholia were admitted; 31 had attempted suicide.

In 1877, 124 cases of melancholia were admitted; 45 had attempted suicide.

The total number of attempts recorded in five years were 180. This tabulation only represents those who

attempted suicide in their homes, and the number of persons, but not the number of attempts. While most of them were brought after the first attempt many had made two, three or more. This number does not include those who threatened or those who contemplated suicide, nor any attempts made by the persons while in the Asylum. The methods tabulated as follows:—Cutting throat, 39; drowning, 36; hanging, 36; opium, 17; choking or strangulation, 11; jumping from heights, 7; shooting, 7; taking arsenic, 5; knocking head against walls, &c., 4; cutting arteries, 2; stabbing, 2; one each from taking aconite, ammonia, belladonna, cyanide of potassium, oxalic acid, strychnia (6), and one each by drinking boiling water, swallowing glass, throwing self under cars, suffocation by gas, setting clothes on fire, pushing broom handle down throat, swallowing pieces of leather and iron, and thrusting darning needle into the abdomen (8): total, 180. During the five years there were 2,106 patients admitted, and a total of 512 cases of melancholia. This gives a percentage of attempts to the whole number admitted of 8.5, and to the cases of melancholia alone, of 35. You perceive in the methods employed, the majority have taken the same means as are employed by the sane—suspension, shooting, stabbing, cutting throat, drowning, opening blood-vessels in various parts of the body, taking poisons, jumping from heights, &c. But some have used extraordinary means—swallowing glass, drinking acid, &c. I have had a case where a man swallowed a large piece of china, another where a man punched the drums of both ears out with his spectacles, hoping thus to get the instrument into his brain. The ingenuity and perseverance of the insane in such matters are often extraordinary.

As to the time suicides are committed, there is no rule to judge between the sanity or insanity of the act.

Most suicides are, however, committed early in the morning or in the early evening. As to deliberation and plan, as you have observed, sane and insane plan out the mode, place and time, and often leave the reasons for the act in writing. The extraordinary methods of the insane are resorted to because the ordinary are not available. The letters of suicides will often enable you to judge of the sanity or insanity of the individual, as they may disclose the motives and delusions. There is one important point of difference between sane and insane suicides. The sane argue from the premises of fact or supposed facts, while in a large proportion of the insane they argue from mental impressions. You will bear in mind that the sane sometimes commit suicide, because of the presence of some loathsome or incurable disease, and sometimes an insane person will kill himself under the *delusion* that he has such disease. The sane kill themselves, however, under such circumstances for their own personal relief; the insane do so from the dread and responsibility of communicating the disease. There is also more intensity of feeling, more desperation and greater breadth of contrivance and plan among the insane. They often resort to the most extraordinary expedients, when baffled in their determination to suicide, especially when they consider it a duty.

In talking with insane persons on suicide, they will maintain their views, justifying themselves under ideas of consciousness. They will say, I know this is true; I feel it to be true; I know it as well as I know anything; I have a sense of God's disfavor as clear as I have a sense of existence; as the idea of being. Consciousness embraces what we see of phenomena as well as what we feel to be. A man under simple delusion will tell you, I think so and so. He is not willing to

accept reason when the delusion is fixed. His delusion rests on the same basis, in his mind, as consciousness of his real identity. If he believes he ought to kill himself he is justified to himself. The moral barrier is passed. Such a case can not be left for a moment with safety. I will give the case of Mrs. L——

NOTE.—Woman, age forty-seven; married; native of New York; no insane relations; patient usually enjoyed good health until about a year before admission, when she lost in flesh and became wakeful, due to overwork; for a year was gloomy and despondent; lost all interest in her household duties; said everything was wrong about her house; became suspicious; said she was to be poisoned; cried and moaned much of the time; talked often of suicide; in attempting it took one ounce of laudanum which she vomited as soon as swallowed; at another time hung herself behind a door in a hoop-skirt; was detached and then closely watched; for some time carried a butcher knife, and at night placed it under her pillow without knowledge of her friends; on admission was melancholy; seemed to realize that she was sick and confessed that she was insane; she slept well the following night and in the morning was cheerful; talked freely of her condition and seemed well satisfied that she had been brought to the Asylum; in the afternoon of the same day spoke of the disgrace of suicide, and said, "but for my husband I would have been dead long ago;" she retired as usual in an associate dormitory the following night, and seemed quite cheerful; at about nine P. M., complained of slight colic, which was soon relieved; at one and three A. M. the following morning, the night watch found her sleeping; at four A. M., she got out of bed and walked a few times up and down the room, waking some of the patients and conversing with them; she then retired and the patients went to sleep; at five A. M., again visited by the night watch, when she found life extinct, but body warm, at once reported to physicians; on examination her hands were bloody, night dress thoroughly saturated with blood; the hair mattress and straw tick contained clotted blood and a pool was under the bed; in the bed was found a small piece of the rim of an earthen vessel, about one by one and a half inches in size, with one very sharp edge; this was covered with blood; on the floor were two other pieces of freshly broken earthenware, which, with the first piece, fitted exactly the broken



space in the chamber under her bed; during all this, none of the patients were awaked; the body was colorless; two cuts were found in the groin, parallel to a line drawn from the anterior superior spinous process of the crest of the ilium, to a point two inches below the symphysis pubis; each was four inches in length, and at the deepest point one and a quarter inches, dividing the femoral artery completely on the left side, and cutting a small opening in the femoral on the right side; on the right side were four small cuts besides the deep one; there were also numerous scratches in the left elbow joint; the husband subsequently stated that he had frequently noticed her reading a school-book on anatomy and physiology.—[I give the case in full instead of synopsis as in the lecture.—J. P. G.]

This woman manifested rare self-control for a long time at home, abstaining from time to time, under promises to her husband, but always maintaining her determination to terminate her life by suicide. Mr. —, who scalded himself in a bath tub and drank scalding water from the faucet, had settled the moral question. Mr. —, who, seeing no other way, seized the cup of the electric battery and attempted to drink sulphuric acid. Mrs. — feigned pleasantness and cheerfulness to get the opportunity of suicide. This threw her husband off his guard and she proposed going out to tea with friends, and did so, but took a razor with her and after tea went into an out-house, in the garden, and cut her throat. She was discovered in time to save her. Mrs. — who went home and killed herself that night, sharpening and concealing a butcher-knife after her arrival home. I might greatly extend this list, but it is unnecessary. These persons had settled the moral question for themselves. The expediency of the act only remained to be determined—whether the ills surrounding them were greater than those they fled to in thus prematurely facing death. These were all well to do in the world—all persons of character—all professing Christians. Not one of them could cite a single act or series

of acts which *they* considered a justification of a wicked life. On the contrary, each said what they had supposed was a life of struggle to do right, they now looked back upon as a life of deception; that they believed themselves good, but were not, and cited their change of belief or consciousness as proof. I said to one man, "Do you not think it mean and cowardly in you to try to sneak away from troubles, whether real or imaginary, and leave them to your family to bear, and leave this sorrow and pain and stigma of your suicide in addition." He seemed startled at this, and I followed it up, saying, "Nothing but a degradation of character which would make you odious and unmentionable would justify your act. Now, from what I can learn, you are an honest, respectable man, and all your present ideas are untrue. You are under the control of delusions, mere false beliefs. You are an insane man." This seemed to break in upon his morbid current of thought and wedge in a doubt, and after his recovery he expressed gratitude for what at first seemed rather a rough handling. But, as I have already urged upon you, this plainness is always best. Leave no doubt on the mind of the patient or the friends as to your opinion.

If you are asked the plain question, "Is an insane man excused," reply without evasion, on the moral side the answer is with God; that the law condemns it, that society must condemn it in order to preserve natural law, and that you, as a medical man, can not assent to the idea of anyone going out of the world by his own hand, that no matter what troubles, what sorrows, what difficulties surround a man, it is a cowardice and crime to try to escape them by suicide.

I need hardly say anything to you of the legal aspects of suicide. The law does not presume insanity from the act of suicide. *La Redesdale*, in *1 Dow*,

Parl. Cases, 187, was of opinion that insanity was not to be inferred from the mere act of suicide. It was not inferred by law, but must be proven. *King vs. Saloway*, 3 Modern, 100; 1 Hawkins' Pleas of the Crown, 164; Plowden, 261; *Terry vs. Life Ins. Co.*, 2 Bigelow, 31. The law makes a distinction between "suicide" and dying by one's own hand. In the former a felonious intent is implied, and a *felo de se* committed. In the latter the act may be, as in the case of a lunatic, without moral responsibility. A lunatic, therefore, may die by his own hand, but he can not legally commit suicide. In *Dean vs. Mutual Life Ins. Co.*, 4 Allen, 96, it was held that suicide committed by an insane person invalidated a policy of life insurance, because the party knew the nature and intended the result of his act.

The same doctrine, but with a divided Court, was held in England in *Borrodaile vs. Hunter*, 5 Man. and G., 639; in *Clift vs. Schwabe*, 3 Com. B. R., 437; in *Gay vs. Union Life Ins. Co.*, 2 Bigelow, 4; and *Terry vs. Life Ins. Co.*, 2 Bigelow, 31.

*Per contra*, a different conclusion was reached in New York in *Breasted vs. Farmers' Loan and Trust Co.*, 4 Hill, 74, but the Court was divided in opinion.

The law in the State of New York may be considered as settled that, if the party insured, at the time of taking his own life, was conscious of the act he was committing, intended to take his own life, and was capable of understanding the nature and consequences of his act, the insurers are not liable; and if the act was thus committed it is immaterial whether he was capable of understanding its moral aspects, or of distinguishing between right and wrong. (*Van Zandt vs. Mutual Benefit Life Ins. Co.*, 55 N. Y., 169.) However right or wrong this may be, it seems to be the law in the State of New York.

Sir J. Nicholl held that the commission of suicide three days after making a will did not invalidate it. *Burrows vs. Burrows*, 1 Haggard, Ecc. Rep., 109.

A party encouraging another to commit suicide is indictable for murder (Wharton on Homicide, 315). Even though it was voluntarily committed it will not excuse the surviving principal. (*Rex vs. Sawyer*, 1 Ross, A & M, 670; *Rex vs. Dyson*, Ross & Py., C. C., 528).

Now, gentlemen, what deductions may we properly make from a review of the whole subject.

1. Suicide is against Nature both in health and disease—is a violation of Nature, and Nature abhors it.

2. Suicide, though always an unnatural act, is, in a large proportion, if not the majority of cases, committed by persons who are entirely sane.

3. That education and custom, being powerful influences in overcoming the instincts of nature, and in inducing to suicide, the wide-spread publication of the names of suicides, the age, the sex, the mode and the reasons, promotes suicide by inducing imitation, and by lessening the horror of the act by familiarity with it.

4. That the teachings of any so-called philosophy and sensationalism which tend to the disregard of the truths of religion lead to suicide, by magnifying the ills of life, and at the same time appealing to the depressing emotions of fear, sorrow, &c., for justification; and by citing the Divine mercy as a quality too forgiving to punish a person who seeks relief from ills they do not feel able to bear; thus breaking down the moral barrier, and compromising the wrong of suicide, and rendering it a mere question of choice and expediency with each individual, whether he will live or die.

5. That suicide is in no true sense an impulse, but in the sane and the insane it is the result of reflection and deliberation of more or less duration, and is an act de-

terminated upon in the mind of the individual, from causes accepted by his judgment as sufficient, whether real or imaginary, a mode of escape from threatened or supposed dishonor, shame, punishment, poverty or suffering, real or imaginary.

6. That suicide by the sane and insane is frequently the result of hasty or wrong interpretation of facts, both in their magnitude and consequences, merely defective reasoning from true premises.

7. That the great and essential distinction between suicide by sane and insane is not in the motive, method, time and place, but in the mental state in which it is committed. The insane man commits suicide under delusions, or a delusional state of mind.

8. That the strongest safeguard against suicide is the sense of man's responsibility to the Creator for all human conduct, including the keeping of our lives. Shakespeare has summed it all when he makes Hamlet debate the question of suicide as one of escaping the ills we have by fleeing to others we know not of. The power that makes men bear "the slings and arrows of outrageous fortune" can not be other than a moral power. If the sense of accountability to the future is gone, no consideration of one's duty to family, to society or self can ever answer the arguments of the suicide. It is, indeed, conscience which makes cowards of us all, but it is also the voice which points us to the higher responsibility for all our acts, and which, if we heed, makes us strong to bear the ills of life.

## PROCEEDINGS OF THE ASSOCIATION OF MEDICAL SUPERINTENDENTS.

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The Thirty-Second Annual Meeting of the Association was held at Willard's Hotel, Washington, D. C.

The meeting was called to order at 10 1-2 A. M., Tuesday, May 14, 1878, by the President, Dr. C. H. Nichols.

The minutes of the last meeting were read.

The following members were present during the sessions :

- R. F. Baldwin, M. D., Western Lunatic Asylum, Staunton, Va.  
A. T. Barnes, M. D., Southern Hospital for the Insane, Anna, Ill.  
H. Black, M. D., Eastern Lunatic Asylum, Williamsburg, Va.  
D. T. Boughton, M. D., State Hospital for the Insane, Mendota, Wis.  
R. M. Bucke, M. D., Asylum for the Insane, London, Ontario.  
D. R. Burrell, M. D., Brigham Hall, Canandaigua, N. Y.  
A. P. Busey, M. D., Assistant Physician, Lunatic Asylum, No. 2, St. Joseph, Mo.  
John H. Callender, M. D., Hospital for the Insane, Nashville, Tenn.  
T. B. Camden, M. D., Hospital for the Insane, Weston, W. Va.  
John B. Chapin, M. D., Willard Asylum for the Insane, Willard, N. Y.  
William A. Cheatham, M. D., Nashville, Tenn.  
Robert C. Chenault, M. D., Eastern Lunatic Asylum, Lexington, Ky.  
W. S. Chipley, M. D., Cincinnati Sanitarium, College Hill, Ohio.  
Daniel Clark, M. D., Asylum for the Insane, Toronto, Ontario.  
William M. Compton, M. D., Holly Springs, Miss.  
J. S. Conrad, M. D., Baltimore, Md.  
John Curwen, M. D., Pennsylvania State Lunatic Hospital, Harrisburg, Penn.  
Joseph Draper, M. D., Asylum for the Insane, Brattleboro, Vt.  
B. D. Eastman, M. D., Lunatic Hospital, Worcester, Mass.  
Orpheus Everts, M. D., Hospital for the Insane, Indianapolis, Ind.  
C. C. Forbes, M. D., Central Lunatic Asylum, Anchorage, Ky.



W. W. Godding, M. D., Government Hospital for the Insane, Washington, D. C.

John P. Gray, M. D., LL. D., State Lunatic Asylum Utica, N. Y.

Eugene Grissom, M. D., LL. D., Insane Asylum of North Carolina, Raleigh, N. C.

Richard Gundry, M. D., Superintendent-elect, Maryland Hospital, Catonsville, Md.

Charles H. Hughes, M. D., St. Louis, Mo.

Walter Kempster, M. D., Northern Hospital for the Insane, Winnebago, Wis.

Edwin A. Kilbourne, M. D., Northern Hospital for the Insane, Elgin, Ill.

Thomas S. Kirkbride, M. D., Pennsylvania Hospital for the Insane, Philadelphia, Penn.

John Kirby, M. D., Assistant Physician, State Lunatic Asylum, Trenton, N. J.

Walter R. Langdon, M. D., Assistant Physician, Asylum for the Insane, Stockton, Cal.

A. E. Macdonald, M. D., City Asylum for the Insane, Ward's Island, New York.

C. F. Mac Donald, M. D., State Asylum for Insane Criminals, Auburn, N. Y.

D. A. Morse, M. D., Asylum for the Insane, Dayton, Ohio.

Charles H. Nichols, M. D., Bloomingdale Asylum, New York.

George C. Palmer, M. D., Asylum for the Insane, Kalamazoo, Mich.

Isaac Ray, M. D., Philadelphia, Penn.

Albert Reynolds, M. D., Hospital for the Insane, Independence, Iowa.

John W. Sawyer, M. D., Butler Hospital, Providence, R. I.

S. S. Schultz, M. D., State Hospital for the Insane, Danville, Penn.

A. M. Shew, M. D., Connecticut Hospital for the Insane, Middletown, Conn.

T. R. H. Smith, M. D., Lunatic Asylum, No. 1, Fulton, Mo.

Charles W. Stevens, M. D., St. Louis, Mo.

William H. Stokes, M. D., Mount Hope Retreat, Baltimore, Md.

William H. Strew, M. D., City Lunatic Asylum, Blackwell's Island, New York.

J. Strong, M. D., Asylum for the Insane, Cleveland, Ohio.

J. D. Thomson, M. D., Mount Hope Retreat, Baltimore, Md.

Clement A. Walker, M. D., Boston Lunatic Hospital, Boston, Mass.

D. R. Wallace, M. D., Hospital for the Insane, Austin, Texas.

Also, by invitation :

A. E. Elmore, Esq., President of the Board of Charities of Wisconsin.

D. A. Ogden, Esq., Trustee of the Willard Asylum for the Insane, Willard, N. Y.

John T. Richardson, M. D., Commissioner of the State Hospital for the Insane, Indianapolis, Ind.

A. P. Langworthy, M. D., of the Board of Administrators of the Asylum for the Insane of Louisiana.

Letters were read from Drs. Barstow, of Flushing; Catlett, of Missouri; DeWolf, of Halifax; Jelly, of Massachusetts, and Shurtleff, of California, expressing their regret at being unable to attend this meeting of the Association.

Dr. Godding stated that he had received letters from Dr. Earle, of Taunton, Mass., and Dr. Brown, of Barre, Mass., regretting their inability to attend this meeting.

A communication from the Trustees of the Butler Hospital, relative to the meeting of the Association next year in Providence, R. I., was referred to the Committee on the Time and Place of next Meeting.

The President announced the Committee on Business: Drs. Godding, Callender and Curwen.

On motion of Dr. Kirkbride, it was

*Resolved*, That the medical profession of the District of Columbia, of the Army and Navy, and the visitors of the Government Hospital for the Insane, be invited to attend the meeting.

On motion of Dr. Godding, a recess was taken of fifteen minutes; and, on reassembling, the Committee on Business made the following report:

That the Association adjourn at 1 P. M. to-day; meet at 3 P. M., adjourn at 5 P. M.; meet at 8 P. M., and adjourn at 10 P. M.

On Wednesday, meet at 9 1-2 A. M., visit the Government Hospital for the Insane, hold a session there, and return and hold a session at 8 P. M.

On Thursday, meet at 10 A. M. for the reading of papers, pay our respects to the President of the United States at 12 M., and visit Mt. Vernon in the afternoon.

On Friday, meet at 10 A. M. for the reading of papers, adjourn at 1 P. M.; visit the Barnes Hospital and Soldiers' Home in the afternoon, and hold a session at 8 P. M.

On Saturday, meet at 10 A. M. for business, and visit the Corcoran Art Gallery.

Dr. Godding read invitations from different institutions and individuals, which, on motion, were referred to the Committee on Business.

Dr. Gray moved that a committee, consisting of Drs. Kempster, Black and Stevens, be appointed to confer on the propriety of appointing an additional reporter, in order that the proceedings may be prepared for printing at an early day, and that the reporters work alternately.

Dr. A. E. Macdonald offered an amendment that the whole subject of reporting the proceedings of the Association be referred to that committee, which was accepted.

The resolution as amended was adopted.

Dr. Callender moved that the usual verbal reports on the provision for the insane in the different States be dispensed with; and if any member wishes to make a report from any State, he be requested to present it in writing at any period during the meeting.

Dr. Reynolds moved to amend that the reports be made as usual, and that each member be restricted to five minutes, which was not agreed to, and the motion of Dr. Callender was adopted.

Dr. Eastman read the history of a case of "Kleptomania," and the Association, on motion, adjourned.

The Association was called to order at 3 P. M., by the President.

The Secretary read a letter from Dr. Bancroft regretting his inability to attend the meeting.

Dr. Gray moved a reconsideration of the vote relative to reports from the different States, on provision for the insane.

Drs. Chipley and Ray moved that the resolution be laid on the table. Not agreed to.

Dr. Gray moved as additional to his resolution that the discussion be confined to one hour at a time, and that the subject be taken up as the first business tomorrow, and the whole resolution was then agreed to.

The paper of Dr. Eastman was discussed.

Dr. W. S. CHIPLEY. Mr. President, I do not wish to enter upon any discussion, but desire to thank the gentleman for the paper as most interesting. I think we owe the Doctor thanks for the paper.

Dr. W. W. GODDING. I wish to say a word in regard to this case, having been one of the number who individually suffered at the hands of George S. Fairbanks. I was personally very much gratified that Dr. Eastman had given so full and clear a description of what I consider a typical case of so-called kleptomania, a form of insanity which has been so questionable, especially in our courts of law. This young man came, I believe, first to me when in charge of the Hospital at Taunton, Mass. The too confiding disposition that I manifested may require a little apology before this assembly. I was utterly ignorant of the previous history of the kleptomaniac. The father, whom the Doctor characterized so correctly in his preliminary remarks on the case, came to me, representing that the boy was depressed and a case of melancholia. It is true that he brought with him a gold-headed cane and gloves, which he had taken at the preliminary examination from the table of the clerk of the court. That was satisfactorily explained and they were returned. The young man with his innocent air and gentlemanly bearing, I confess rather won my

affection. I was glad to see he was rapidly growing out of the melancholia that was so marked when he came into my hands. Not to go over what the Doctor has already said, I gradually trusted him. He was a very good writer, and in some instances did a little clerical work and came into my office. I would allow him to bring papers from time to time. After he had pretty free access to my office I found books disappearing from my library in a remarkable manner. At a later visit the father stated to me that his son had taken some things. Our Hospital was surrounded by a stone wall in which he secreted articles, and it became a melancholy duty for me to recover the books taken from the library, the horse-bells from the stable, old shoes, and envelopes that had been written upon, all kinds of articles and trash, sheets from the wards and shirts from the patients. So singular was this combination of useless and valuable things, it seems to me we had a distinguishing feature of kleptomania, that is distinguishing from those where persons steal articles themselves of value.

I do not wish to take up the time of the Association in going over what Dr. Eastman has so well said, but merely to say that Fairbanks had our confidence. I do not think that we were at all to blame that we were imposed upon. It has been suggested, how did it happen that this young man went from one hospital to another? Why was he not detained? Two reasons brought about the result, and one was the boy's urgent appeal to his friends. The father volunteered a foreign voyage and I agreed to it. The second and really the strong reason in my own case, was the fact that I could not go on with him in the Hospital, and have anything left there. I think he is a clear type of kleptomania, and in the main free from other disease. The only doubt that I had was based on the known character of the father, and the tracing back to infancy and early childhood of the boy of this same habit—whether we had to deal with a case of abnormal brain of natural moral deficiency, or whether it originated from the typhoid fever, as said by Dr. Eastman, and was insanity consequent upon disease.

Dr. WALLACE. Did you notice no other feature about him, nothing abnormal about his judgment when first submitted to your care?

Dr. GODDING. I should say that the case was characteristic of exaggeration of ideas, a man above the patients that he associated with—his wealth, his means. His letters were loaded with little wants for which he was wont to write—and he would write half a

dozen a day. I should say it was an exaggeration of the mind, rather than actual delusion.

Dr. GRAY. I do not propose to discuss the case. I am glad to hear the remarks made by the Doctor touching one important point which Dr. Eastman does not seem to have dwelt upon; that is, whether in connection with any of these acts of theft there was, at any time, any delusion of possession. We all know that in many cases of insanity persons have periods in which they believe certain things are their own. Those same persons, at other times, will admit that the articles are not their own, and that they have taken them. In certain states of exaltation, in mania, that is not at all unusual. I can recall cases of chronic mania where persons apparently rational, as rationality goes among the insane, in most matters, who would purloin the cravats, stockings, and various things belonging to their fellow patients, and sometimes actually claim them as their own; and at other times admit to having taken them. The Doctor said, I think, at one point of the case also that he had suffered from vertigo. Putting together his condition of general exaltation, which Dr. Godding suggests when with him, his great self-confidence, and lack of feeling of guilt at doing wrong at any time, and connect these with his bad family history, the question arises whether this is not a case of arrested development, or whether there has been at any time epileptic disease, producing a change in his mental condition, or the cerebral organ itself. Epilepsy does develop this kind of character. Whether if he had been closely questioned at various times, he might not have disclosed certain delusive ideas as the foundation of his thefts, impulses, &c., as set forth, otherwise I should be likely to place him along with other bad boys, badly brought up. Now, while the Doctor was reading, it occurred to me that this would have been just the man for Bill Sikes and Fagan. Talking over *Oliver Twist*, after they had brought him back, Sikes declared that there was no particular good in bringing Oliver back, that they could not make a thief out of him, he was too good; but that other boys seemed to take to it naturally, and that if certain reformatories would be allowed to carry out their plans there would not be, in time, one first-class boy thief in London. Now it struck me if he was not a case of arrested development, and had no epileptic condition altering his physical or mental character early in life, that he was one of the bad boys that took naturally to stealing. I can not help thinking, in looking over the whole history, that if there was careful knowledge of his case in his early child-



hood, and up to and past the period of puberty, that something would be found there to lay the foundation for this character. If he stole useless and useful things, from envelopes, &c., up to a pair of horses, we must acknowledge that he made advancement in stealing. The horses carried him the distance he traveled, and if he had got the money for them, when he offered them for sale, it would also have helped him along. It does not seem that he was indifferent to money, or threw it away on anybody else. I am very glad that the Doctor has given this case as a history of "so-called kléptomania." I do not believe in monomania myself, but that has nothing to do with the case. This man's character and conduct, if he was insane, show him to have been considerable of a liar as well as a thief; and I might include among the extraordinary things in the case, not only the great opportunity that was given him from time to time for stealing; but also that his family and other persons recommended such a man for place and responsibility after he had been engaged in that sort of thing and they knew it.

Dr. KILBOURNE. As might be expected, being one of the principal victims of this gentleman's arts, I have a word or two to say about him.

When casting about upon the opening of the Institution for the Insane, at Elgin, for a suitable person to serve me in the capacity of clerk, I fell upon this George S. Fairbanks, of Massachusetts, who came to me through the agency of the Young Men's Christian Association, of Chicago, bearing the warmest testimonials from clergymen and other parties in the East, of whom I had knowledge in a general way, and I think, one or two others, in whose service he had formerly been. Armed with these papers, and having the natural bearing of a gentleman, conjoined with special fitness for the position, in the way of penmanship and knowledge of book-keeping, as attested by frequent examinations, I felt measurably secure in taking him into the employ of the Institution; he was, therefore, engaged, and soon thereafter set about his labors with a zeal that promised well for the future, keeping his books neatly and accurately, and to my entire satisfaction, in every respect. Some few weeks after assuming his duties I was much annoyed at the loss of various little articles from my office and desk—things of no possible value to others, and not much to me; yet the disappearance of which, I could not explain. It was not long, however, before my suspicions were aroused that there was something wrong in the Institution, whether on the part of Mr. F., or that of

others, I did not know; but almost every mail that came to me brought letters from friends of patients inquiring why it was that my communications to them were post-marked in Boston, and not Elgin; of course, I could offer no explanation, it being as much of a riddle to me as to them. About this time I became still more mystified at the disappearance of letters, opened and unopened, lying upon my desk, and awaiting answer by me; blotting pads, pens and memorandums slipping away in a most unaccountable manner. Then it was not long before I discovered that magazines, pamphlets and books from the library, bundles of old business letters, circulars, port-monnaies, knives and trinkets of various kinds, deposited in a drawer belonging to patients, had been purloined, and I began to set a watch to find out, if possible, who was the culprit, but I must confess that, notwithstanding due diligence was exercised in the matter, I failed to detect him, and not until I had received a letter from his father in Massachusetts, stating to me he had a lot of pamphlets, papers and books in his possession, that had been sent to him by his son, did I apprehend the gentleman, or even feel that I had any certainty as to whom it might be. His father wrote me that he was very much pained to give this information, but felt it to be his duty to impart it, and to state, also, that his son was a kleptomaniac, and would purloin all he could lay his hands on; and that he had sent to him packages from time to time, until an amount sufficient to fill a large dry-goods box had accumulated, and wished to know whether he should send them on to me. I replied that I should like very much to have them returned. His father also stated that from time to time, as he had received the packages of letters, he had taken them from his residence in a suburban town to the city, and then mailed them, which accounted for so many letters having been received by various parties post-marked Boston. While awaiting the arrival of the box I had a conversation with George S. Fairbanks, and one evening I accused him, but he did not even blush. He was perfectly composed, and evinced no emotion whatever. He positively and emphatically denied that he had ever taken anything from my desk, or purloined anything in the Institution. He went to bed that night. I thought I would let him sleep on it, and renew the subject in the morning. But he got up at three or four o'clock in the morning, about early dawn, or about the time the doors were first opened, and departed without any one knowing that he had gone. I went to his room about eight o'clock, found it locked, and supposed he was still asleep; knocked, but met with no response.

A survey of the room from the outside, through the window, disclosed the fact that it was vacant. It seems that he went away on the early train, taking the precaution to leave his keys in a house near the depot, so that I could get them. To make a long story short, he was with me some two or three months, and during that time he appropriated and sent away any quantity of things. His father sent back a dry-goods box, three or four feet long and probably two feet high, full of all sorts of articles, bed-clothes, napkin rings, new boots and old boots, blank vouchers and receipted vouchers, old steel pens, new pens, pen-holders—everything of that character that you could think of, that it would be possible to find in such an Institution; also, blank-books innumerable. One thing peculiar about the case is, that he stole these books down town at the book-stores, where he had been trading, and in every one of the books there was an entry made, sometimes one thing and sometimes another, but in every book some mark which would spoil the sale of it. What his object or motive was in so doing I am unable to determine. He deceived me, he deceived Dr. Godding, he deceived a gentleman in New York, and he has deceived many more, how many, I suppose, will never be known. As to the New York gentleman, the points of which were given by Dr. Eastman, I will state that a short time after Fairbanks' arrest, I received a telegram from him asking me whether this young man was insane. Thinking he had got into trouble with his kleptomaniac propensities, I telegraphed back that I thought he was irresponsible. They sent him, I think, to the penitentiary there.

**THE PRESIDENT.** Have you any doubts about his having been insane when he was with you?

**DR. KILBOURNE.** In looking back to the time when he was with me, I can not say that I found evidences of insanity, only as to kleptomania; yet I have always regarded the purely kleptomaniac as an insane person. Certainly he had no power to control his actions. I believe the idea was suggested by Dr. Gray, that if at some period during his life there was any cessation or abeyance of these thievish habits or propensities, his malady might be characterized by a different name, but I think I can not say there was any cessation of these manifestations, from the fact that from the commencement of his stealing in the Institution, at Elgin, he continued on in the same course until he was found in an Institution in New York.

**DR. BUCKE.** Will the President please ask the gentleman about this young man's other mental qualities?

The PRESIDENT. That was in my own mind. Was he temperate and were his habits in other respects correct?

Dr. KILBOURNE. Perfectly, so far as I could discover, and I think he had a bright, intelligent mind, fully up to the average found in the business walks of life.

Dr. BUCKE. Did he manifest sympathy for his fellow-creatures?

Dr. KILBOURNE. Yes, sir; I think he was of a very sympathetic nature, and I wish to add that I never had a more typical case of this disease under my observation.

Dr. CHIPLEY. Was there any evidence of disease of the brain, or change of character, at any time in his life?

Dr. KILBOURNE. I had no prior history. He came to me a comparative stranger, highly recommended as being a young man of good morals and very fair capacity.

Dr. BUCKE. He did not come to you as a patient?

Dr. KILBOURNE. No, sir; he came to me as an applicant for an official position in the Institution.

Dr. GRAY. He had never been connected with a savings bank?

Dr. KILBOURNE. Not to my knowledge, though I am free to say his peculiar qualities would have fitted him for *distinction* in that field! Shortly after this experience with Fairbanks, I had another case, this time a patient in the Hospital, the son of a wealthy and very estimable Christian gentleman, living near Chicago. It was a decided case of kleptomania, not quite so marked, however, as that of Mr. Fairbanks. In this instance the gentleman's propensity was to take everything in the way of billiard-balls. He was a very expert billiard-player, and on leaving a place would take one or two balls. He was arrested a number of times, but finally, through the influence of the family, was found insane and sent to me. While under my care he did not appropriate a single article unlawfully, and in course of time, was discharged. I did not think he was a fit subject to remain in my custody. Immediately after his discharge he went at his old tricks again, taking billiard-balls, and enlarging somewhat, I believe, his sphere of operations, when he was finally arrested again. His father secured his release, gave him some money, and sent him to California, and that is the last I have heard of him. The two cases were interesting, Mr. Fairbanks especially, as it was the most typical case I ever met with, and for the gratification of the Association, I wish the gentleman could be present and be interviewed. He has a great deal of the *suaviter in modo*, is quite self-possessed, good-looking, well-dressed generally, careful, neat and tidy in his apparel, and I think well calculated to deceive any one.

The PRESIDENT. I infer, Dr. Godding, that you regard him as insane?

Dr. GODDING. I have no doubt about it.

The PRESIDENT. He is a kleptomaniac, as you call him, and not a thief?

Dr. GODDING. Yes, sir. Allow me to ask Dr. Kilbourne if this lot of material sent back from Boston was not useless to a considerable extent?

Dr. KILBOURNE. Almost wholly.

Dr. GODDING. That, it seems to me, is a strong proof; old boots and old letters.

Dr. KILBOURNE. Buckles and old worn-out scrubbing-brushes, picked up here and there, and every conceivable article—some, in fact the majority, of no value whatever.

Dr. KIRKBRIDE. This struck me that we had a very clear case of kleptomania. In a large majority of these real or assumed cases of kleptomania that are presented to us, the doubt comes from the fact that there is never anything taken unless it be something valuable, something worth stealing; but here is a man who steals the most worthless things with things which are valuable. He does just what many of our old, demented patients do. Every man here, I will take it for granted, has had patients who would collect scraps of paper and all the things which have been mentioned. This man seems to have done the same thing. I have no doubt it was a case of insanity. I do not believe he was able to control that propensity in any way.

Dr. A. E. MACDONALD. I agree with the gentlemen who have spoken, in regarding this as a very interesting case of what is called kleptomania, but I do not concede that it establishes the fact that there is such a form of insanity; nor do I think that the details given regarding the several acts of stealing are sufficient in themselves to show that the man was insane at all. I observe that Dr. Eastman speaks of him as a lunatic, but I presume that he had other grounds for considering him insane, which he has subordinated in the present paper to the very interesting details of his successive robberies. I do not mean to say that the man was not insane. Apart from his acts of thieving, there are suggestions, though not proofs, of disordered mind. He may have been an epileptic, or a case of what some writers call the "insanity of pubescence." His arrogant manners and belief in his own superiority to his companions and surroundings, would point in that direction; and as in such cases there is generally a history of

self-abuse, I should like to ask Dr. Eastman whether it was present in this instance.

Dr. EASTMAN. No, sir; not so far as I could ascertain.

Dr. MACDONALD. It seems to me that the acts of theft alone do not establish the existence of insanity; and that, such being the case, it is a little unfortunate to call the man a kleptomaniac, and so give sanction to the belief that there is such a form of insanity. I do not believe in the monomanias, and I do not find in the history of this man's larcenies anything irreconcilable with the theory that he was sane and depraved, not insane and irresponsible. I understand the Doctor to say that the young man's father was penurious, and denied him the little indulgences that other boys enjoyed; and it is quite possible that his pilferings were commenced in order to remedy these deficiencies, and that in this way the habit was formed and grew with him. Then, it seems to me, that the plea of insanity was advanced by his family to save him from punishment upon the occasion of his first arrest, and he seems to have accepted the suggestion very readily, and proffered the plea himself whenever he got into trouble subsequently, backing it up in one instance with an offer to purchase his liberty from his captors. Dr. Kirkbride has spoken of the fact that the young man stole useless things as being evidence of his insanity; but he stole useful as well as useless articles, and he was able to discriminate between them, taking the former to the pawnbroker's, and only throwing away or hiding the latter. The money that was found hidden away in sums of ten or twenty dollars, could scarcely have been stolen from fellow-patients, but was more likely the proceeds of sales of valuable articles stolen. It is in evidence that he often took articles to the pawnbroker's, and when he stole the horses and wagon, he drove them to a distance and endeavored to sell them. Might not this purloining of valueless articles and hiding them where they seem always to have been easily found, coincident, as it was, with the purloining of valuable articles which he sold, have been the shrewd scheme of a man who, having found the plea of insanity stand him in good stead on more than one occasion, thought it prudent to lay up evidence in support of such plea as he went along, in case of future trouble? Then the conduct of his family, apart from their prompt appearance with the plea of insanity as often as he was found out, is, to my thinking, very significant—their fitting him out and sending him off to a distance several times, procuring him successive situations, writing him recommendations and obtaining them for him from others.



Does all this look like the natural conduct of a family toward a member whom they believed insane and irresponsible? or is it not rather suggestive of a recognition that he was responsible, but wicked, and a hope that among new conditions and surroundings promises of reform might be fulfilled? Dr. Ray cited as a proof of insanity that the young man could not control his propensity for stealing. As I remember Dr. Eastman's paper, such want of control was not in evidence. On the contrary, he could and did control it, and for months at a time; and it is a significant fact, that the ability to so control it was manifested and exercised just at the very periods when it best served his purposes. Thus he behaved himself with great circumspection upon going to each new place, until he succeeded in ingratiating himself with his employers or custodians, and obtaining privileges and opportunities which enabled him to resume his thefts with the best prospect of success and least prospect of detection. As I said before, I do not deny that the man was insane; but I claim that if he was, the proofs of his insanity do not consist in the fact or the details of his thefts, and that it is unfortunate to apply to him a name which would indicate that they do.

Dr. C. F. MACDONALD. Mr. President, it seems to me that the case, as reported by Dr. Eastman, presents on the one hand, many indications of the low cunning of an accomplished thief. The fact that he was in the employ of the Asylum at Elgin for several months, occupying a position of trust and under the immediate observation of the Superintendent, who says he never suspected him of insanity, and this, too, at a time when the propensity upon which the claim of insanity is based, was being fully indulged, does not, in my judgment, add very much strength to the theory that Fairbanks was insane. Nor is the fact that he invariably turned up in a lunatic asylum when apprehended for theft, any proof to my mind, that he was insane—for it should be remembered that under such circumstances there was a strong motive for feigning. Had the case occurred in the State of New York, I venture to say he would have been imprisoned, at least the mere act of stealing would not have been regarded as sufficient evidence of insanity, to warrant an acquittal on that ground. On the other hand there are, as Dr. A. E. Macdonald has already said, some elements in the case which may be evidences of insanity, namely, the depression which Dr. Godding mentioned as having been observed by him while Fairbanks was an inmate of the Asylum at Taunton, and the occasional excitements to which Dr. East-

man has particularly referred, but these circumstances coupled with the stealing, and admitting it (the stealing) to have been an insane act, make up a condition which can hardly be described by the term kleptomania.

Dr. MORSE. I would like to inquire of the Doctor whether he ever took anything and returned it afterward?

Dr. GODDING. I can answer for myself that he never did, that many things were put away in the holes of the walls. As in the case of Dr. Eastman the articles were not all useless. His object seemed to be to secrete. We found sheets and things of that kind and I never knew him to voluntarily return any of these.

Dr. KILBOURNE. He returned nothing.

Dr. EASTMAN. I do not know of a single instance.

Dr. RAY. If I believed that this was a common case of thievery, as explained by Dr. Gray, I certainly should not be able to say I was glad, as he did, that Dr. Eastman had taken the trouble to report it and we had taken the time to listen to it. But believing as I do, that we have listened to a case of kleptomania of the purest kind, I must say that I am glad and thankful that Dr. Eastman has taken the trouble to report it in so thorough and clear a manner. Nor can I agree with Dr. A. E. Macdonald, who thinks the man was really insane, but that the thieving was a matter of common depravity. Let me ask him setting aside this trait of the narrative, if he sees evidence enough outside of it to warrant him in giving a certificate of insanity. I do not mean to be understood as believing or as asserting that this propensity constituted the only and the sole mental impairment in the case, I only say that I see no other in the accounts given by the various gentlemen who had charge of him from time to time. His judgment and his moral responsibility may have been more or less impaired. But in this, as in many other forms of mental disease, we name it after the most conspicuous symptom. This is nothing new or strange I think in the matter of nomenclature.

Dr. MORSE. I will state why I asked the question I did of Dr. Eastman. Some ten or twelve years ago I had a case of a man who became dyspeptic and afterwards died of lung trouble. Previous to that time he manifested no disposition to steal anything. He would go into stores and shops and carry off things. For instance, he went into a wagon-maker's and stole the bits to bore with. Two or three days afterward he put them where they would find them and take them back. A few days afterward he stole a gold pen and put it where the owner could get it. Then

he broke into my office and stole Webster's Unabridged and other books. A short time afterward he put them on the manure pile. He would take various articles in this way and return them. I knew that he had these for his family would report that he had brought them home. But they would be returned all right afterwards. He continued in that way until he finally died. But so long as that man was able to be about he would steal, or slyly carry things off, but they would be returned. We had several cases in Columbus of kleptomania, and it was difficult to tell whether it was that, or a low grade of thieving. It was hard to determine whether they were insane outside of lying and stealing. This man was seen to bring back my books and seen near the well where the bits were placed.

Dr. BUCKE. Did his family insist on his bringing them back?

Dr. MORSE. I could not answer positively. But the fact is that they were always returned, and that he continued to steal. The two acts seemed to be associated together. He would steal and take the articles home or somewhere else, so it could be recovered. Things would be missing in town and they would say the old man Peter has got them, and in a few days they would turn up again. That is the way it came out.

I do not believe in the existence of a monomania of stealing free from any implication of the mind. The intellect, the sensibilities, and will, to constitute insanity, must be involved. A man must not only be deprived of will-power sufficiently to render him unable to resist an impulse to steal, but that exercise of reason by which motives to do right or abstain from doing wrong, influence the will, must be perverted or impaired.

Dr. SMITH. I regard this as an exceedingly interesting case. It seems to me if any one be presented where the case would prove kleptomania, this case develops that. It is true that in a few of his acts we find articles of value taken, but by an overwhelming majority we find the articles of no value; and he would steal them in cases where there was no probability of their being found. There could have been no motive, it seems to me, that could be presented for causing these acts, otherwise than from the view that it was a case of kleptomania. Whether it was a disease of the brain, or whether it resulted from typhoid fever, is a question. I am inclined to think it was originally caused by a faulty organization from the father. The father's eccentricity was highly developed in this case, and it is one of the most striking cases in its character. Probably the son inherited this tendency, and it may

have been heightened by disease. As several who have preceded me, I regard this as a well-marked case of kleptomania.

The PRESIDENT. With your indulgence, I will refer to a couple of cases that may be important in your repertory, for use in considering such cases, either as patients in your hospitals, or in public trials. The first is one that I reported in the *JOURNAL OF INSANITY*, I think as far back as 1850, 1851 or 1852. The young man was the second of the two sons of a clergyman in Brooklyn, and the father being a professional man, naturally determined to give his sons a liberal education. He sent the elder to college, and in the course of the preparation of the younger for a collegiate education, the father made up his mind that he was not likely to make a brilliant professional man, and he apprenticed him to a printer. He had learned his trade, and became so proficient that he had been raised to the position of foreman of the office in which he was employed, and I think that his employer testified that he was a very efficient one. One winter morning, in going to his office, he saw a young woman on the opposite side of the street, and passing in an opposite direction. She was employed as a shop girl or a sewing girl going to her work. He crossed the street, approached her from behind, and, pushing her forward upon her hands, seized one of the light shoes she wore and drew it from her foot. He immediately turned and ran to the printing office, hung up his coat in one of the pockets of which the shoe was found, and when he was arrested was at his work. He was indicted, and at a preliminary trial to ascertain his state of mind, and whether he was capable of conducting his defense, the father testified that his son's moral character, except the purloining of shoes of a particular quality, was faultless; that he had never known him to use any kind of intoxicating liquor or drugs, that that he had always kept good company, and had never been known to use any bad language. He had never taken anything but the most costly and delicate ladies' shoes. His habit was to take a single shoe belonging to a female member of the family, dip it in water and thoroughly soak and wring it, and take it to a closet or wardrobe, and hang it up behind a garment. He was never known to gather shoes that he had disposed of in that way, nor to make any farther use of them. In this case (and I think I have stated every particular of it, except to say that the habit commenced when the subject of it was quite young) the only evidence of mental impairment brought out at the investigation, under circumstances that made it the interest of his friends to testify to every-

thing, was this fact, as the father stated, that he did not think his son quite equal to a successful professional life. He was not as smart as the other boy, so he sent him to a trade, instead of sending him to college. That case I regard as more typical of true kleptomania than the one read by Dr. Eastman, though I have no doubt that his case is one of true kleptomania. His acts were those of a kleptomaniac. He had no rational motives for his conduct; his conduct was almost altogether in violation of rational motives. I may say in this connection, having reference to a remark made by Dr. Gray, that I do believe in the existence of true monomania. The case I have related was, in my opinion, one of pure monomania. I have long thought that cases of monomania are very rare, but I see no reason in my experience, nor in my philosophy of insanity, why cases of monomania should not occur, and I believe they do occur, but in a large proportion of the cases of primary manifestations of mental disturbance upon a single point, they soon run into general mental disease, or other manifestations of disease take place. The existence of monomania is philosophical, and accords with my observations.

Another typical case of kleptomania came under my observation in this District. It was well known to my friend Dr. Tower, who is present, and has been familiar with the prominent cases of insanity that have occurred in this District in the last twenty or more years. This was the case of a clergyman with whom I had for several years been associated as fellow-trustee of a public institution. I had had a near friend of his under my care in the Government Hospital for the Insane, and knew him thoroughly, and I never knew a man of more exemplary life and character, except he was in the habit of taking books from book-stores and stands without paying for them, carry them home and appropriate them to his use, and, as far as I could ascertain by private searching inquiry, the taking of these books was the only evidence of mental aberration he ever exhibited. Now, these books were useful to this gentleman. He was a professional man and large reader, and read these books, but that circumstance does not, to my mind, necessarily show that he was not insane. Insanity sometimes leads people to do things for which there is a more or less rational motive and they do them in a more or less rational way. This gentleman was in charge of a respectable congregation whose confidence he enjoyed. He enjoyed the respect of this community in a high degree. All preponderating motives were opposed to these thefts. When confronted by the owners of the books he had taken, he manifested all the chagrin, and all

the remorse that a consistent Christian gentleman should manifest at being caught at such thefts, and yet he repeated them, and finally he took some books under circumstances that led to his being threatened with public exposure, and he committed suicide. He had acceptably discharged all his pastoral functions with remarkable amiability and freedom from ostentation to the very day on which he took himself off. The newspapers took the view that he was insane, and that was enough. It seemed to be a clear case of kleptomania, and so far as I know it was a case of monomania. But as the case was not made the subject of judicial investigation, and public exhaustive testimony was not taken in respect to his physiological and medical history, or his pathological history, I do not feel so confident about that as I do in regard to the first case.

Dr. GRAY. I would like to make one remark further, as this case has a very important bearing, especially in a medico-legal point of view. If an immorality or thieving constitute a disease, what class of things and what character of stealing would differentiate this so-called kleptomania from ordinary stealing? If there is nothing else in the case but "moral disease," a delight in stealing, whether that constitute kleptomania; or if it is the peculiar character of the article, as suggested by Dr. Kirkbride, or the method of mixing useless with useful things? In regard to the remark of Dr. Ray, assuming that there is such a mental state as kleptomania, if I understand him, he does not say that the act of theft, or acts of theft, repeated once or twice, or all through life from childhood, constitute the lunacy; but if I understand him, he claims there are other elements in such cases, the stealing being prominent, and that this would only give it that name. It is, then, only a question of the classification of persons who are really insane, or whose whole mental being is involved in lunacy. Then it is only a question of how to name cases with certain peculiar traits or habits. That is another thing. But it is the *other* elements which do constitute the lunacy that is the important point for us. We are concerned to know whether a form of insanity exists without impairment of the intellectual faculties, in any direction, or involving the intellectual power. The man may be cunning, shrewd, active; he may deceive the best of men constantly; he may have no delusion whatever, no disease, only this propensity, this thieving; and out of that shall we originate the word kleptomania, and call him a lunatic?



Dr. KEMPSTER. Mr. President, when asked if I had any remarks to make on this particular case which Dr. Eastman related to us, I said I had not; but the subject having taken a somewhat wider range, calls up to mind very prominently the case which I think Dr. Gray will remember, and also I think Dr. Boughton—a case occurring in the State of Wisconsin, some three years ago. I was consulted by the elders and deacons of a church in one of our prominent cities, relative to the case of their pastor, who accompanied them, and, perhaps, some points would not be uninteresting. This man had been arrested in the city of Milwaukee by a dealer in publications for stealing books. The facts are these: He was in the store where he occasionally bought books, and was looking at some books, as persons are in the habit of doing, and while there a person came in and spoke to him, and he became interested in the conversation with this man. He put the book that he had been looking at under his arm, outside of his coat, continuing his conversation with this man, and both left the store together, he still in conversation with this man and the book under his arm. The book-dealer had lost quite a number of books, and thinking that they had the man, a clerk called in a policeman, and the gentleman was arrested and taken to the station-house. He burst into tears, acknowledged his guilt, was willing to make restitution, and seemed very penitent. Before they finally disposed of the case, they sent to his house and found a number, but could not identify the books, especially because there were some marks of wear. This was the beginning of the trouble. When the man was brought to me he was thin in flesh, and from one hundred and eighty pounds (which was his ordinary weight) he weighed only about one hundred and sixty pounds. He was melancholy, depressed, had delusions of fear not relating at all to the objects or the people whom he had deprived of this property, but that indescribable, indefinable fear we often see in cases of that kind, and there were other evidences of mental disease.

Dr. GRAY. Had he at that time the loss of sexual powers?

Dr. KEMPSTER. He had lost those powers sometime previously, but I am coming to that. The case was taken up before the justice and under all the circumstances he was discharged, but the man continued under my care for nine months, not in the Hospital but with some friends. In that time he passed through melancholia and dementia, and afterwards recovered. Being interested in the case, I found out in conversation from him certain facts (which were easily verified) as they related to things occurring

where I was born and brought up, though he did not know that. He had been a student of Hamilton College and at Auburn Seminary, and he was very well acquainted with Mr. Pomeroy, whom he had known from boyhood. I found that he was born of poor but respectable parents, but that while in Hamilton College had several well-marked epileptic seizures which were undoubtedly from overwork. He would study all day long and at night would go to Utica and pack candles for this Mr. Pomeroy and others keeping places of that kind. He kept a diary which I saw afterwards, showing that there were several months during his college life, that he lived on twenty-one cents a week, including his food and other purchases. I then corresponded with a professor in that college and found out that his statements were correct. I then corresponded with Mr. Beecher, now dead, who was connected with the Auburn Theological Seminary, and found that while there he had attacks of vertigo and this epileptic seizure. While at Auburn Seminary he was sent out and held meetings in chapels and other places in that neighborhood; and while in that seminary he was arrested for stealing books, the arrest having followed an attack of vertigo, and when he was in a very low state and his physical condition was particularly very poor. That gives the whole history of this gentleman. He had been hard at work in Wisconsin, holding protracted meetings, a teacher in a day school and a temperance lecturer, and in general admired by the people on account of his ability; but one of the unfortunate creatures who seem to be in poverty all their days, never getting above the necessities of daily life. The man, however, recovered from the melancholia and dementia and went back into the city where he was when this second thieving took place, if you will call it thievery; was received back into the good graces of the citizens and his congregation, and goes on with his temperance lectures and is a good citizen.

I would say that he was a member of the Methodist church at the time of this act of stealing. He was brought up before their annual Conference. There had been some difference of opinion between the presiding elder of his district and himself, and the presiding elder was a little severe and pushed him out of the conference, notwithstanding the evidence of his insanity by myself, a long opinion written by Dr. Ranney and after a consultation with Dr. Gray. Notwithstanding his expulsion, he went back to his old place, and I will say that to-day he is at the head of a large and flourishing congregation.

During the war it was my misfortune to be in the army and to be placed down at Acquia creek, where a malarial fever prevailed. It was a very noticeable feature that when they were recovering the soldiers would steal right and left. It was known to be the case with the patients in all the different hospitals there, but when they advanced a little further the propensity would pass away. If there are any old soldiers present they will recollect these cases of persons doing just what I have stated.

Dr. KILBOURNE. You do not refer to typhoid fever alone?

Dr. KEMPSTER. I do not refer to that alone.

Dr. CALLENDER. The epileptic features in the case presented by Dr. Kempster suggests the features of a case now in my Hospital, which it may be interesting briefly to relate. A few weeks ago, a young gentleman, quite a promising member of the legal profession, was brought by his father—a prominent physician of the county in which he resides—laboring, as was alleged, under the effects of a serious cranial depression, the result of a fracture in the right coronal region, received when he was in his fourteenth year, the patient now being twenty-eight years of age. The depression was two and a half inches in length, by nearly or quite three-fourths of an inch in depth in a portion of its track. He had recovered well from the first results of the injury, and had good health while passing through school and college, whence he graduated with distinction. By the statement of his father, however, there was always more or less tenderness on pressure, and this was the case after observation at the Hospital. He suffered some neuralgic pains at times in the temporal region of the side injured, and presented an almost constant twitching of the muscles of the forehead and those of the molar region on that side. His mental functions were unimpaired, and were quite acute. For about five years past, he has suffered from slight attacks of vertigo, with brief periods of loss of memory, and confusion of mind as to where he was. He would suddenly leave home and business and become conscious that he was at some point miles distant. He had at no time a well-marked epileptic seizure. Simultaneously with the symptoms just described, a transformation in his moral character began to be exhibited. His family and friends commenced to observe an untruthfulness and remarkable unreliability of statements, which continued to increase. This moral perversity was displayed more markedly in a system of petty swindling, persistently carried on. He would borrow upon false representations from his father's friends and his own in sums not large, for which

he had no necessity. He would forge drafts upon the bank of the town and upon individuals, which were certain of detection in a few days or hours. He would falsify in regard to everything, and perpetrate these acts unaccountably and unnecessarily, experiencing and expressing shame at detection, but nevertheless repeating them whenever it was possible. His character in this respect became notorious, and it devolved upon his father to meet the obligations he incurred, which he did for considerable amounts. All this while, he was acquiring character for ability in his profession, and his own pecuniary circumstances and those of his father rendered such resorts wholly unnecessary. So uncontrollable and inveterate was this propensity, and so inexplicable to his friends and physicians who were consulted, on any theory except that of mental unsoundness, that he was alleged to be insane, and sent to the Hospital for treatment. The very brief periods of mental obscurations accompanying his vertiginous attacks, which were real frequent, was the only intellectual impairment observed. His general brightness in this respect was as marked as the moral obliquity which has been noted. Three questions, on which his father and an eminent surgeon of Nashville were consulted, arose in the case. Was the moral transformation and the conduct it led to, due to cerebral lesion, the result of his cranial injury? Was he not imminently threatened with serious epileptic trouble; and was it not gradually and surely developing? Would trephining and elevation of the depressed bone relieve either or both conditions, or through lapse of fourteen years including the passage through puberty, and the attainment of full adult development, had the morbid condition and sympathies become fixed? In regard to the first, there was division of opinion and doubt, both as to whether the moral obliquity was a result, and whether a successful operation would return it. In regard to the epileptoid feature, it was agreed that it was encroaching and would become serious and fatal to mental integrity unless relieved, and that the attempt by trephining and elevation was justifiable and necessary for that end. As a matter of course, the amount of lesion to the brain and membranes in the vicinity of the cranial injury could only be conjectured, but the otherwise excellent physical condition of the subject—the certainty almost of epilepsy in its worst form supervening—and the probabilities of averting that, and possibly, of relieving the case in all its features, determined the operation, and it was performed last Thursday. To the patient, the condition was wholly explained, together with the hazard of

the operation. He willingly consented to the attempt proposed for his relief. Under anæsthesia, he was trephined and the bone impinging on the structures elevated and removed. An angular crest of the bone at the lowest point of the depression was found perforating the membranes, and the removal left an aperture, from which was discharged during the operation, a thin, yellowish fluid, in no great quantity, however. The patient rallied from the operation readily, and after application of proper dressings, slept and took nourishment, and for forty-eight hours before my departure from home on Saturday last, did well, with the exception of a soporose condition, which was appearing about noon of that day. Should the operation prove successful, and the patient survive, the sequel, especially as to the perverse moral features of the case, will be interesting. I have good hope, that in that event, epilepsy may, at least, be averted.

**THE PRESIDENT.** Dr. Kirkbride will you make any answer to the criticism on your position by Dr. Gray?

**DR. KIRKBRIDE.** No, sir, I think I must have been understood in what I said. Like the witness I hold on to it.

**THE PRESIDENT.** The case related by Dr. Callender, it seems to me, is exceedingly interesting as illustrating the important fact of kleptomania. The proof of the stealing of valuable substances does not show that the man is not insane. I suppose there is no doubt in any mind that the case related by Dr. Callender is one of insanity.

**DR. CALLENDER.** That is my view, sir, that there is intellectual impairment.

**DR. EASTMAN.** I have no extended reply to make and will only refer to one or two suggestions and inquiries which have been made. Diligent search for epilepsy, which had been suspected by various physicians, who have observed the case, has failed to show any evidence of its existence at any period of his life, excepting his statement of having had vertigo at the time when his friends allege he had typhoid fever. Another point; distinct periods of depression have been repeatedly observed in the case, perhaps not in themselves, conclusive evidence of insanity, and probably not sufficiently elaborated in the history—the kleptomaniacal features of the case having been purposely more fully presented.

**DR. GRAY.** So the case is, at times at least, then in a state of melancholia?

**DR. EASTMAN.** Yes, sir; and in speaking of the case as one of kleptomania, I use the word in a general way, not meaning that

kleptomania is necessarily a distinct disease; but as we use the term mania to designate the prominence of certain symptoms, so I use the term kleptomania as a convenient one for indicating a peculiar and prominent symptom. No one who knew the case would doubt its being one of insanity.

On motion, the paper was laid on the table.

Dr. Kempster then read a paper containing a report of a case of atrophy of the right hemisphere of the cerebrum and the left hemisphere of the cerebellum.

On motion, the discussion of the paper was postponed, and the Association adjourned to 8 P. M.

The Association was called to order at 8 P. M., by the President, who announced the Standing Committees as follows:

On time and place of next meeting: Drs. Smith, of Missouri; Chapin, of New York, and Grissom of North Carolina. On Resolutions: Drs. Kirkbride, of Pennsylvania; Everts, of Indiana, and Eastman, of Massachusetts. To audit the Treasurer's accounts: Drs. Clark, of Ontario; Kilbourne, of Illinois, and Baldwin, of Virginia.

Dr. Eastman called to the notice of the Association the death of Dr. John E. Tyler, and moved that a committee be appointed to prepare a memoir of Dr. Tyler, and the President appointed Dr. C. A. Walker.

The Association then took up the paper of Dr. Kempster for discussion.

Dr. CHIPLEY. It is my purpose to study the paper read by Dr. Kempster, and until I do that, I have no remarks to make. I was very much pleased with it.

Dr. EASTMAN. I shall have to plead inability to discuss so important and abstruse a paper on such short notice. The case seems



to me to be a very remarkable and interesting one which will help to elucidate some of the problems relative to the functions of the brain.

Dr. GODDING. I could not undertake to discuss the paper without a more careful study of it than I could make in hearing it read. I can only express my gratification at being permitted to listen to a paper so scientifically prepared, and so minutely describing such a remarkable case.

Dr. GRAY. I look upon the paper as a valuable contribution to the literature of the profession. It brings up a great many facts, and in connection with those facts a great many suggestions, which require examination and reflection properly to consider. It is quite remarkable that a person should have retained such clearness of intellect in such a condition; that she should have been susceptible of such general culture as the Doctor sets forth, with such serious embarrassments, in having not only almost the entire one-half of the brain gone, but having at the same time so grave a disorder as epilepsy. If I understand the Doctor, these epileptic attacks were quite frequent, and for a long time before death were so severe as to be accompanied or followed by attacks of a maniacal character, and yet in the intervals between the epileptic attacks, with all these embarrassments, she presented these characteristics prominently clear perceptions and good reasoning powers, and the moral and intellectual qualities that she had displayed before the epilepsy had associated with it the mental disturbance. Epilepsy is taking a more important place in medical jurisprudence. There are cases where crimes are committed where epilepsy is brought forward as at least a modification of responsibility, if not a complete reason for assuming that their acts may be irresponsible. A case has just occurred in Buffalo, N. Y., in which epilepsy was made a defense. I could not but think of it while Dr. Kempster was reading his paper, especially in connection with one of the points I have stated, the intellectual clearness that existed between the attacks. In that case, the man committed a deliberate murder, killed his neighbor with whom he had quarreled several times in a few years, and with whom he had had a special quarrel within ten days of the shooting. Epilepsy was not known to have existed. Some medical gentlemen suggested that there was something peculiar about the character of the murder—the man going out and secreting himself on his neighbor's farm, within three-quarters of a mile of his house, and there deliberately shooting him at four o'clock in the afternoon—and they suggested an examination. The district

attorney consented to postpone the case until an examination could be made. One of the physicians of Buffalo, Prof. Rochester, in examining the man found that he had some epileptic symptoms at least. He was subsequently examined by a number of physicians. He was an ignorant German. He described himself as not being sick often, but as at times having suddenly a general condition of weakness or debility, which he called "schwäche," a kind of dropping down as he said, a feeling of trembling in his legs, and sometimes a little quivering with it, and then too "sometimes I know something and sometimes I don't;" that the trembling feeling passed over him to his head. When I asked him where he found himself after having such an attack, he said that he found himself on the floor, but did not know how long he had been there, and that he had had one of these attacks in his barn two weeks before the murder was committed. I see by the papers that he was convicted and is sentenced to be hanged in June. Several physicians were called, and, admitting epilepsy, no physician could testify to any insanity. Here we see a man following the ordinary pursuits of life as a farmer and laborer, earning a living for his family, and having this disorder which, as jurisprudence now stands, neither law nor medical science recognizes as a condition in which there is irresponsibility, unless associated with it there is actual lunacy. That is the state of law at the present time and that is the position of medical science. That a morbid condition of brain, associated with epilepsy, may exist, and yet a person be free from insanity, is the admission we all have to make. As we see in the case Dr. Kempster has reported, we have epilepsy for a long period, for, as I understand it, she was not insane for a number of years after epilepsy developed.

Dr. KEMPSTER. No, sir; there was no evidence of it.

Dr. GRAY. A long series of years of growth and development, susceptible of a high culture, with epilepsy and with this extraordinary disappearance of one-half of the brain. In relation to jurisprudence the case is most interesting to us all. As an interesting case in some other respects which the Doctor has mentioned, its relation to the theory of localization, it has a very important bearing. The Doctor has pointed out some very striking resemblances, certainly, to the very interesting experiments that have been made by Hughlings Jackson, Ferrier and others. I shall be very happy to see so valuable a paper printed with such illustrations as will show to us just what lessons it may teach in connection with the developments of scientific research in that direction.

Dr. KILBOURNE. I have no extended remarks to make upon this paper, for it needs study and reflection to enable one to speak critically of its merits. During its reading, however, a case closely related was brought to my mind, which, although noticed before, I may be pardoned for briefly alluding to again, since it serves to illustrate the point made prominent in this paper, that cerebral atrophy from different causes may exist within certain bounds, and not be accompanied by any appreciable impairment of the intellectual faculties. This case was that of a lady in middle life and average health, who for some years had followed the occupation of teacher in a graded school in the city of her birth to the acceptance of every one, voluntarily placing herself in the surgical wards of the city hospital in Brooklyn, two weeks after the close of the summer term, for the purpose of submitting to an operation for the removal of a tumor upon her forehead. This tumor, the size of an orange, occupied a position to the right of the median line of the face, its lower boundary just clearing the superciliary arch, its upper invading the hairy scalp. It was removed by the ecraseur, when it was found to have its origin in the *diploë*, having an internal as well as an external growth. The patient died, and at the autopsy it was further discovered that the internal growth was as large, if not larger, than the external, pushing back and causing atrophy of the brain substance in the anterior lobe of the cerebrum to the extent of its accommodation. Its causation was traumatic, and its development, extending over a period of one year, was unattended, except at the first, and for a few days only, by any pain or bodily discomfort whatever. The history of this case, as given by herself and her intimate acquaintances and friends, was exceedingly interesting to me, for it appeared that she taught school up to within ten days or two weeks of her admission to the hospital, and I was assured by those associated with her as teachers in the same building, that she was never heard to complain, and that they never discovered any change in her mental deportment or bearing, either toward themselves, her pupils or others—her mental soundness and fitness for her duties never being once brought into question. In daily conversation with her for more than a week prior to the operation, sometimes alone, at other times in company with her friends, and with the medical staff of the hospital, I failed to detect any evidences of mental unsoundness or irregularity, her reasoning and perceptive faculties being bright as our own, and her language was certainly faultless.

Dr. KIRKBRIDE. I have only to express my high appreciation of the industry and intelligence of any member of this Association

which secure so admirable a report as that to which we have just listened. I do not belong to that school that believes that the chief object of institutions for the insane is to furnish an abundant supply of subjects for post-mortem examinations and for the use of the microscope, but I do have a high appreciation of the services rendered to science by those who labor faithfully in this direction. Those who have done much in these investigations well know how much time and hard work are necessary to make them interesting and valuable. It is indeed hardly possible for any superintendent to do this without the most efficient assistance, and such ought to be provided by every institution. In regard to the particular case under notice, the fact that the patient had so much intelligence with such a condition of the brain, only adds confirmation to what is often observed after injuries to that organ, and where large abscesses have formed, showing disorganization of a large portion of one of the hemispheres, without apparently affecting to any serious extent the mental manifestations, and yet the fatal termination, sooner or later, is sure to come. The manner in which this report has been drawn up is all that could be desired, and we all must feel under obligations to the Doctor for bringing it to the notice of the Association.

Dr. REYNOLDS. I would like to ask Dr. Kempster if any ophthalmoscopic examinations were made? I should expect in that case that there would be a change.

Dr. KEMPSTER. No ophthalmoscopic examinations were made.

Dr. SMITH. I believe I have nothing to add except to express my high appreciation of the valuable paper of Dr. Kempster. With other gentlemen, I will have to peruse it to understand it thoroughly. I was struck with the remarkable clearness of intellect with the extensive loss of brain. It is certainly conclusive that the whole brain is not necessary to strong mental effort.

Dr. STEVENS. I do not feel prepared to discuss the intricate subjects presented in this paper. I trust we shall soon see it in such a form, that we can review the whole subject. The bearing of this case upon the question of duality of the mind, strikes me as important. This is a subject which, in my opinion, has not received the attention it demands. I have in memory two notable instances in which there was very extensive injury, amounting I think, almost to destruction of an entire hemisphere of the brain without impairment of mental function, one of which I will briefly narrate. The injury occurred from the bursting of a gun, an old-time musket; the screw or breech-pin, as it is called, entered the

cranium over the right eye and was imbedded in the right hemisphere of the brain; its presence was not detected till several days had passed, when it was removed by one of our physicians, Dr. Engleman; the mass of iron weighed nearly three ounces and was about three inches in length. The man died and the cranium is now in the museum of the St. Louis Medical College. In this we have to take into consideration, not only the laceration of the brain substance, but the effect of pressure by its weight upon the structures below it.

Dr. GRAY. Whether the mind was really impaired early in life under the epilepsy, is not quite clear to me. A good deal of the time she was evidently not insane, though she was during these maniacal attacks. Cases, such as Dr. Stevens has mentioned, come under the suggestion of Dr. Kirkbride, that great injuries may occur on one or both sides of the brain without producing insanity. Such cases are not rare. I have seen persons who were shot through the head without producing any after mental disturbances, or even mental enfeeblement. That depends very largely on the parts injured. We all remember the case of Phineas Gage, in Vermont, who had a tamping-iron pass through his cheek and on up through the brain. He did not suffer from any intellectual impairment, and lived a long life of exposure.

The PRESIDENT. It did not affect both hemispheres.

Dr. GRAY. It touched both, and it carried away quite a portion of the brain.

Dr. GUNDRY. The latter part of his life he was an imbecile.

Dr. GRAY. He lived a life of great exposure, and during a long period was entirely sane. I was not aware that he became imbecile, or that he ever suffered in his general health until shortly before his death.

Dr. GUNDRY. He became an epileptic, and continued such.

Dr. GRAY. Did he? The points of greatest interest in this case are the loss of nearly half the brain for so long a period, and the fact of laboring under epilepsy for the long period of seventeen years without any noticeable mental impairment, and then, without any apparent change, so far as was noticed, the circumstance that she should then have the attacks of epilepsy, followed by maniacal paroxysms of brief duration.

Dr. KEMPSTER. I do not know that any remarks have been made which require a reply. There may have been some passages in the paper which were somewhat obscure, and the discussion on the part of some of the gentlemen would seem to indicate that,



perhaps, I had omitted to state certain facts which would have thrown light upon the points which they make relative to it. I do not recall whether I stated in the paper how long any manifestations of insanity had existed. She began to manifest these insane ideas or manifest conditions of violence about five years prior to her death; after which time these epileptic seizures became much more severe and frequent than they had hitherto been. But during all that time (seventeen years) there was not the slightest question of these epileptic attacks—they were well marked and pronounced. One point not brought out as fully as I would wish in this discussion is this: that from the time that she had the first epileptic attack, about eleven years of age, until a very short period before her death, she continued to acquire knowledge in all the departments in which she was particularly interested, and which I cited here this afternoon. She kept well informed in the politics of the day; she could recall the dates of the various battles of the war, and the incidents of the war with distinctness; her recollection of dates and names was excellent. There were many minor points which could have been brought out in the paper, but which were fully comprehended in the statement that in a room full of ladies she would have passed as a brilliant woman, between the periods of her excitement. The periods of excitement after the epileptic attacks would usually last three days. Some time on the fourth day there would be some trace, but after the attack was over, it was impossible to point out any tracings of insanity in the case, for she was affable, gentle, social, well-behaved and a perfect lady.

Dr. EVERTS. Without desiring to make a reputation as an obtrusive member, I wish to call the attention of the Association to one point; that is, What do we mean by "impairment of the intellect?" We have been constantly hearing of injury of the brain and no impairment of the mind whatever. I do not believe it. We do not know what these men mean by saying that there is no impairment of the intellect, because there is no standard of intellect. Each case has to be judged by itself, or compared and tested with itself. In the case of this young lady, how do we know what would have been her condition had the other part of the brain been perfect? I can not understand how a marline-spike can be thrust through the head, causing loss of brain and loss of action, and no impairment of the intellect whatever. Why, the loss of one meal of victuals impairs some men's intellects. The addition of one drink of Bourbon would impair a man's intellect,



though, perhaps, in a statement of the case one would not say so. So that, in this respect, there is something unsatisfactory to me both in the medical journals and in the remarks here. I think a little plainness on this point would add much to the interest of these discussions.

Dr. KEMPSTER. I am a little careful in using terms of the kind mentioned by the Doctor, but in this instance I would ask the Doctor what standpoint we should take with which to compare the intellect of this woman. I do not see.

Dr. EVERTS. I have no particular reference to this case in my remarks. It was the general remark that struck my mind at the time. My remarks were called out by some other case—no impairment of the intellect, and yet partial loss of the brain.

Dr. KEMPSTER. In this case the intellectual faculties were developed from day to day in a large degree, until a short period before her death. There seemed to be a gradual acquisition of knowledge on her part continually. In this case we could not compare the intellect of the person in the year previous to her death with a preceding year. She was constantly acquiring, and recollected what she read a great deal better than many persons not confined as lunatics.

On motion, the paper was laid on the table.

Dr. Clark then read a paper on "An Animated Molecule and its Living Relatives."

On motion, the discussion of the paper was postponed for the present, and the Association adjourned.

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MAY 15, 1878.

After passing through the wards of the Government Hospital for the Insane, and examining the excellent arrangement of the Institution under the care of Dr. Godding, the Association was called to order at 2 P. M., by the President.

On motion of Dr. Gray, the Association adjourned to meet in Willard Hall at 3 P. M., and devote the first hour to hearing reports from the different States on provision for the insane.

Pending the question of adjournment, the President, Dr. Nichols, at the request of Dr. Kirkbride, made a statement of the condition of the Government Hospital, as regards accommodations for patients.

Dr. NICHOLS. I am willing to make the statement that Dr. Kirkbride has asked for, and will occupy but a few moments in doing it. As I am no longer connected with the Institution, it can have no personal bearing. The original plan of the Hospital was intended to accommodate two hundred and fifty patients. In the progress of the erection of the original design, two detached buildings for colored insane were added, and when they were completed it was thought that they would accommodate a maximum of three hundred and fifty patients, in view of the fact that, as most of the inmates of the Institution remain in it till they recover or die, a considerable proportion of them would, in time, be of the chronic class, and could be congregated somewhat more closely than the patients of those institutions that treat a larger proportion of recent cases. Since the completion of the original design, supplemented in the manner described, the Hospital has been enlarged three times, and it has now proper *maximum* accommodations for five hundred and sixty-three patients. The care of any larger number at one time is inconsistent with the highest sanitary condition of which the house is susceptible, and with the most satisfactory and beneficial internal management of it. I find that the register shows that there are under treatment in the Hospital, to-day, no less than seven hundred and eighty patients, or two hundred and seventeen (enough to fill a hospital of pretty fair size) more than its proper maximum accommodations. The floors of many of the corridors are literally covered with beds at night, and the night attendants, as they patrol the wards, are compelled to pick their way with care, lest they should step upon the sleeping patients. This is the state of things to-day in the only institution of this character, that the general Government of forty millions of people has been called upon to establish and support. At first the helpless patients were put to sleep upon ordinary mattresses, laid upon the floor. Later the wire mattresses were used, which allow the circulation of air under them, and render their occupants comparatively comfortable. Soon after the Hospital began to be overcrowded, efforts were made to procure an additional area of land, both for cultivation, and with a view to the erection of separate buildings for female

patients, at a distance from the present buildings, and the devotion of the latter, and the grounds immediately about them, to the use of the male patients. The original site embraced nearly two hundred acres. Three additions have been made to it, and four hundred and twenty acres now belong to the Institution, one hundred and seventy-five acres of which are on the east side of the public road, and afford an admirable site for a separate female department. Plans for such a department were prepared, and approved by President Grant and two of his Secretaries of the Interior, and a bill appropriating the amount necessary to erect proposed buildings once passed the Senate, but failed in the House of Representatives. I believe that the project of a department for females is approved by the present administration, but I fear that the exigencies of party will again defeat this most needful and beneficent measure, as they have already once done. By repeated solemn enactments the United States has pledged itself to take care of the insane of the army and navy and revenue service, of the merchant marine, and of the District of Columbia, of whom there are less than one thousand altogether, and the duties of humanity and patriotism require that they should be made entirely comfortable, and surrounded by every condition and influence calculated to restore and maintain the highest health of which they are individually capable. The American people, in their national capacity, are certainly able to make liberal provision for an average of one insane person to forty-odd thousand of population.

You whom I address, have special knowledge and susceptibilities touching the wants and claims of the insane. You appreciate the special responsibilities of the Superintendent of the National Hospital, and the disadvantage under which he labors in being unable to appeal to the members of Congress in behalf of their immediate constituencies, and I earnestly ask you to call the attention of senators and representatives, to the claims and needs of this Institution, which it is their public duty to endow with every means necessary to the fulfillment of its beneficent mission. At an early stage of the enterprise of establishing a National Institution for the Insane, a distinguished senator of that time, encouraged me in my appeals for the means of carrying on the work, by saying to me one day, that he thought Congress was capricious and dilatory, but contained a preponderance of just men, and that if I perseveringly urged the claims of my cause upon its attention, it would sooner or later acknowledge them by the requisite legislation. Long experience after that remark of the senator, con-

vinced me of its essential truth. When I left the Institution less than a year ago, the project of enlarging it by the erection of a separate department for females, was the only one of magnitude (in connection with the Hospital) that I had undertaken and not carried into execution, beyond the attainment of the requisite site, though several years sometimes elapsed between the time of asking and the time of obtaining an appropriation. I hope and believe that my friend and successor, Dr. Godding, with his great ability, suavity and perseverance, will sooner or later have the happiness of achieving this beneficent and needful measure, and of succeeding where I failed.

The Association was called to order at 4 p. m. by the President.

The minutes of the proceedings of yesterday were read and approved.

Dr. Godding from the Committee on Business, moved that the programme for to-morrow be changed so as to visit the Barnes Hospital at the Soldiers' Home, and if the weather be propitious, to go to Mt. Vernon on Friday afternoon, which was agreed to.

On motion of Dr. Morse, it was

*Resolved*, That hereafter, members who desire to read papers at meetings of this Association give notice to the Secretary at least one month prior to the time of meeting, stating the title of such paper, and that the Secretary forward to each member a printed list of those papers two weeks before the time of meeting.

The Association then took up the reports on the condition of, and provision for, the insane in the different States.

Dr. EASTMAN, Massachusetts. I have no extended remarks to make, but I will state that the new buildings of the Worcester Lunatic Hospital which have been in process of erection for several years, were occupied in October last, and at present contain five hundred and fifteen patients. The old buildings, formerly occupied by this Institution, are now occupied by an asylum for chronic insane, in accordance with an act of our last Legislature. The new Hospital at Danvers was to be formally opened for the

reception of patients on Monday of this week, and we have therefore, at the present time, sufficient accommodation for the insane in Massachusetts. A point of local interest to us in Massachusetts is the action of our Legislature regarding proposed changes in the law relative to the management of our Hospitals. Hitherto there have been five trustees appointed for each hospital who were responsible for its management and appointed the executive officers, each institution being entitled to its own receipts from board of patients and controlling its own expenditures. It is now proposed to make a board of nine trustees who shall have charge of all the lunatic hospitals and asylums, the receipts of each institution to be turned into the State Treasury, and an annual appropriation to be made by the Legislature (specifying the particular items of expenditures) for the support of each institution. This proposition was pending when I left and I do not know whether it has been passed or not.\* As far as the hospitals are concerned we think the proposed change will not be advantageous as it will bring the annual appropriation for the support of the institutions into the arena of politics. The only benefit that some of the friends of the change claim, is practically the superceding the Board of State Charities, which is not thought to be an efficient organization.

Dr. SHEW, Connecticut. I have nothing of especial interest to report from Connecticut in addition to the old story of crowded buildings and the necessity of further accommodation, except that we are in the peculiar condition of having the State officers and Legislature pressing upon us the importance of adding to the building, while the Board of Trustees and Superintendent oppose any further extension. Governor Hubbard in his last annual message urged strongly upon the Legislature the importance of building another hospital in immediate connection with the one at Middletown, or near by, to be under the same organization. The committee on humane institutions reported unanimously in favor of such a bill; but the Board of Trustees of the Connecticut Hospital unanimously think it not advisable to build hospitals larger than those which we now have, and the matter rests in that way.

I think, perhaps, at another session of the Legislature, a new hospital will be provided for at Middletown, or in another part of the State. The Legislature stands ready to make the appropriation. There is need for another hospital and the work will be carried forward. We have been making important improvements in the building and grounds, and the Institution is steadily advancing in its usefulness.

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\* The bill to which this remark applies did not become a law.

Dr. COMPTON. I would like to ask Dr. Shew what number of patients there are in the Asylum.

Dr. SHEW. We have 480 patients. The building is intended for 400. It has seemed to me for many years that a mistake has been made in going beyond the original limit laid down by the Association—one hospital for each two hundred and fifty patients. The more experience I have, the more inclined I am to believe in the advantages of small hospitals. There may be questions of expediency which will warrant States or communities in building large hospitals, but, as a principle, I claim that we should hold to the original proposition of the Association, and when asked by a Legislative committee or by a Legislature for facts, to give them the best principle, and let them act as they may. I might add a word in reference to our State, that it looks to me now as though it would be decided to have another institution entirely distinct, so far as the building is concerned, and when completed, one will be occupied by men and the other by women.

Dr. J. P. GRAY. In New York there have been no new buildings projected, but there are appropriations for the continuation of work on the buildings at Poughkeepsie and Buffalo, and also something towards the completion of the parts already under construction at the Willard Asylum. So that so far as legislation is concerned this year in New York, it has been directed with a view of completing these buildings as far as foundations are laid. The Buffalo institution receives the amount necessary to complete one-half and the administration buildings. There is also an appropriation for the Utica Asylum to continue the work of internal reconstruction and remodeling of the building. That institution has been in existence so long as to require renewal, and the Board of Managers has been from year to year renewing portions of the internal structure, and making such modifications in the course of that renewal as to make the institution conform more thoroughly to the improvements and advances of medical science. There has been no additional legislation in the State. One or two bills were introduced, but they received very little support. I think we can fairly say now that the codification of the laws of the State in 1874, and the experience since in the application of that law, has shown that we do not need additional legislation, either for the protection of society or for the care and liberty of the subject, or any other matters. The law is working satisfactorily in all the institutions.



Dr. A. E. MACDONALD. I have nothing special to report regarding my own Institution. Possibly the members may be interested in learning of something that has been done toward carrying out the views expressed by the Association, as to the opening of asylums for the purpose of educating medical students in the diagnosis of insanity. For the past three years it has been my custom to take patients from the Asylum to the city, not only for my own lectures at the University, but for those of Prof. Gray, at Bellevue College. Last spring I accomplished a further movement in that direction, by prevailing upon the Commissioners to allow me to give a series of clinics within the walls of the Asylum itself. This met with opposition, as improvements of that kind always do, and opposition from members of our own profession, I am sorry to say. One of the oldest and most influential members of the profession said to one of the commissioners that he could not conceive of anything more inhuman than presenting an insane person before a class of medical students. I am happy to say, however, to the credit of the Commissioners, that, in spite of that opposition they authorized me to give a course of clinics as an experiment. I gave four clinics within the walls of the Asylum, and had an average attendance of about eighty, many of whom were practitioners; and in the course of that time some three hundred patients were shown to them. Some of them were brought into the theatre and shown there, and the students and practitioners being also taken into the wards and other cases shown there. In all that time there was no accident or disturbance. The patients did not seem to suffer in any way from it, on the contrary, it seemed to afford them considerable pleasure, and since that time it has been quite a common occurrence on my going into the wards, to have patients ask me when they are going to have an opportunity of meeting those gentlemen again. The experiment was so far successful that I think it is now an established thing. I have just concluded a course of twelve clinics at the University, where I have shown nearly one hundred patients, and as soon as I return I expect to repeat the course of clinics at the Asylum.

The PRESIDENT. We would like to hear from Dr. Strew in regard to the female department of the New York City Lunatic Asylum.

Dr. W. H. STREW. It will hardly be expected at this time that I have much to offer in relation to the condition of things in this Institution, having so recently assumed the duties in charge.

There are some changes in the management of the internal arrangements, and many improvements externally, such as grading, filling up the grounds about the pavilions, which are being repainted, and making a fine airing-court or yard connected with the lodge, where the most violent class of patients are benefited by fresh air and exercise. Also, an additional story on each of the long wings of the main buildings, which is rapidly tending to completion, affording accommodation for about one hundred patients, which, together with other contemplated improvements of our Commissioners, will make everything comfortable and satisfactory.

Dr. C. F. MACDONALD. I do not know that I have anything of special importance to report. Dr. Gray has reported fully respecting the progress and present status of affairs pertaining to the asylums of our State. In regard to the Asylum at Auburn, I may say that the Legislature has appropriated the amount of money asked for to complete the unfinished wards, and also to carry out some improvements and to make the necessary repairs. The Institution is not crowded, comparing favorably in this respect with many others. At present we have one hundred and twenty patients; and when the unfinished wards are completed, we shall be able to accommodate comfortably about one hundred and sixty. The lack of a farm is a great disadvantage to the Institution, as many of the patients who are able and willing to labor, and who would be benefited thereby, are prevented by reason of this want. The question of removing the Asylum to a more suitable site has been suggested, and in view of the fact that the space it now occupies is actually needed by the adjoining prison, and that the buildings thereon could be advantageously utilized for prison purposes, it is possible that this idea may eventually be carried out. By a constitutional amendment recently adopted in our State, the Asylum, together with the several State prisons, passed from the control of a board of inspectors to that of a single individual, designated the Superintendent of State Prisons. This official is the Manager of the Asylum. The new system of government is now in active operation, and thus far the results have been eminently satisfactory to the public. The several institutions as now managed are, I believe, entirely free from partisan influences; everything is working smoothly and to the satisfaction of the taxpayers, as also to the benefit of the inmates and the comfort of those in immediate charge.

Dr. Robert C. Chenault, of Lexington, Ky., said he would like to hear some expression from members of the Association in regard to the separation of the criminal insane in asylums, and thought that some coöperation between the States might be had on that subject.

The Chairman stated that a resolution on the subject was adopted by the Association at its meeting in 1873.

Dr. C. F. MacDONALD. I think there can be no question respecting the correctness of the opinion of this Association, as expressed in the resolution adopted at the Baltimore meeting in 1873; namely, that insane criminals should not be cared for in ordinary hospitals for the insane. I think I stated at the meeting last year some of the reasons which call for separate provision for, and also some of the characteristics of, the criminal insane, particularly insane convicts who become insane while in prison, and who have led criminal lives prior to becoming insane. The vicious propensities of this class do not subside, as a rule, on the occurrence of mental disease; in fact, my experience almost leads me to the conclusion that in some cases sinful tendencies are actually intensified by the event of insanity. I find some patients, having reached a state of dementia, still evincing a disposition to do mischief. The greatest trouble we have, however, is with feigners, who occasionally succeed in getting transferred to the asylum, and whose motive is to escape. It has formerly not been uncommon to have locks picked, window-bars cut and escapes made at night by this class; but we have no escapes in that way now, nor do we expect to have; with the present regulations it is next to impossible for a patient to escape from the wards at night. Patients that are permitted to work about the grounds, occasionally take advantage of the low walls, there being no guards upon them, as at the prison, and effect their escape.

Dr. BALDWIN. I would like to ask Dr. MacDonald if his patients wear a uniform.

Dr. MacDONALD. There is no prescribed uniform nor regulation upon that subject. Our patients do not wear the striped prison garb, but I have adopted a sort of uniform, which consists of a navy-blue flannel sack-coat, or blouse, similar to the United States army fatigue-coat, and pants and vest of grey cassimere. This gives us considerable uniformity in dress, although not all of the

patients wear even this. Unconvicted patients, received in civilian dress, are generally permitted to wear it, but when a convict patient comes with the striped prison garb on, it is removed at once.

Dr. RAY. What proportion is usually sent out to work?

Dr. MACDONALD. We could work as many as fifty per cent if we had proper facilities, and even now, we frequently have forty out of about one hundred male patients, occupied outside of the wards. This includes those who work in the kitchen, laundry, garden, bakery, repair-shops, stable, &c.

Dr. RAY. Have you any enclosure around the grounds?

Dr. MACDONALD. The buildings and grounds are enclosed by a stone wall twelve feet high. Outside of this enclosure we have three acres, which is enclosed by a high picket fence, this is under cultivation, the labor being done by patients, under the charge of an attendant.

Dr. RAY. How many attendants do the patients require, how many patients are there in the charge of an attendant?

Dr. MACDONALD. Sometimes as many as ten patients go out to work in the charge of the yard supervisor; on the wards the average is one attendant to twelve patients.

Dr. RAY. Is there not danger of a conspiracy among the patients?

Dr. MACDONALD. I do not think there is much danger among those who are really insane. We have occasionally had trouble of that kind on the wards, but we have generally found an inmate about whose insanity there was a doubt, at the bottom of it.

Dr. RAY. How many escapes have you had during a year?

Dr. MACDONALD. There were four escapes last year; one of these was a notorious criminal, an ex-convict, and a burglar by profession, whose thieving exploits resembled in many respects, those in the case of so-called "kleptomania," described yesterday. While in jail under an indictment for burglary, he was examined by two general practitioners, and pronounced a case of "moral insanity," whereupon the Court ordered that he be confined in the Asylum at Auburn. During the two months that he was in the Asylum, no evidences of insanity were observed.

Dr. RAY. How did he escape?

Dr. MACDONALD. He was working with the gardener—a new employee—of whom he cunningly took advantage, and escaped over the wall during a rain-storm.

Dr. RAY. I ought to apologize, perhaps, for making so many inquiries, but I was curious to learn how far the discipline of these

criminal asylums had changed from what it was at first. It may be remembered that one of the earliest, that established in Paris some forty years ago, was composed of two circular structures, one within the other with a space between, six or eight feet wide, serving as a corridor on which opened the doors and windows of both buildings. The outer contained the rooms of the patients, the inner those of the officials. The patients were strictly confined to their building, never being allowed to go outside. The escape of two patients every year may not be regarded as too great a sacrifice to make for the privilege of employing the patients out of doors on the open grounds.

Dr. C. F. MACDONALD. I do not think the close confinement system was ever contemplated at Auburn, and I am sure that it is not in operation there now. My aim is to conduct the Institution as nearly as possible upon the same general principles that obtain in the other State Asylums. Of course it is necessary to maintain a little more vigilance and restriction, but I think a considerable amount of liberty and privilege can be judiciously allowed, without interfering with the successful operation of a hospital for insane criminals.

Dr. R. M. BUCKE. You said you had one patient escape, who you did not think was insane?

Dr. MACDONALD. Yes; the man to whom I have already referred. He was under indictment for burglary, but had not been tried. He was sent to the Asylum by order of the Court, as a case of "moral insanity."

Dr. BUCKE. Then you get patients sent to you before they are tried?

Dr. MACDONALD. Yes; our unconvicted patients are persons who have committed offences, and who have either been acquitted or not tried, on the ground of insanity. In New York, the courts have discretionary power, and persons acquitted on the ground of insanity, may be sent to any State Asylum.

Dr. BUCKE. Have you had many patients of whom you had doubts about their insanity?

Dr. MACDONALD. I recollect but two cases among the *unconvicted* patients, including the one I have mentioned, who escaped. Among the convict patients, however, I have had doubts about several who were received from the prisons, and I have returned some of them as not insane.

Dr. BUCKE. How many of them have you returned as not insane?

Dr. MACDONALD. During the last fiscal year, five were returned to prison as not insane.

Dr. BUCKE. Were they persons who had been acquitted on the ground of insanity?

Dr. MACDONALD. No; they were convicts who were serving out their sentences in State prison, when transferred to the Asylum.

Dr. JOHN P. GRAY. I think it proper to make some remarks in regard to the question of the criminal insane. Before the organization of the institution for the care of the criminal class of insane, all the insane convicts, and those who feigned insanity in the prisons were sent to Utica, and also from all the State the cases where insanity was pleaded as a defense and the parties were acquitted of crimes charged against them, on account of insanity. Without having the figures at hand, I think I can safely state that we had as large a proportion who feigned insanity, from prisons, in order to get into the Asylum, as Dr. MacDonald has reported, and as many escapes. When they were sent to us, the criminals, whether they were feigners or real cases of insanity, gave us great anxiety, as all superintendents must know, especially in as large a State as New York, and there were those who were so persistent in their schemes and plans to escape, that it was almost impossible to restrain them in the ordinary Asylums without converting some portion of the Institution practically into a prison; and I can testify that it is an infinite relief to the Institution at Utica to have that class of persons in an Asylum especially organized for their care. In connection with the remark of Dr. Bucke, about the reception in the Criminal Asylum, of persons acquitted of crime by reason of insanity, the law is this, the courts may send them to any State Asylum. It was left thus open purposely, to give the discretion to the court, which would prevent any case of hardship, as a woman being transferred directly to the Criminal Asylum. Suppose the case of a woman who should, in a state of insanity, destroy her child, especially where the person had been of good character. It was thought better to leave the matter open. A case of puerperal insanity and homicide, after recovery takes place, leaves the woman no more dangerous to a community, or to her family, than before, and it seems better, therefore, not to make the law absolute, but to give that discretion to the court. The practical working has been that a very large proportion of those who are acquitted, are sent to the other State Asylums, and, perhaps, more largely to Utica, and after observation they are trans-



ferred by the courts from the general institution to the one at Auburn. This method is desirable, especially in cases where there is some doubt whether the parties are insane or not. Persons who are in jails for crime, and awaiting trial, and are suspected of insanity, the court may summarily examine, with a view of disposing of them before trial, if really insane. Such cases are sent directly to the Asylum at Utica, and then, if not insane, are returned for trial. I think in any State projecting a law of this class, these principles are applicable, and they are found to work well in New York.

Dr. A. M. SHEW. I wish to make one remark with reference to this subject. In 1870 the Connecticut Legislature passed an act that all persons acquitted of crime, or of a charge of crime on the ground of insanity, whether a capital or other crime, should be sent to the State Institution. Since that law went into effect one hundred and eight persons have been sent to the Middletown Asylum. In looking over the list recently I was interested to find that of the one hundred and eight cases, only two were at all doubtful. As you are all aware, the public generally believes that, when a party is acquitted of a crime on the ground of insanity, it is simply a trumped-up excuse. Well, it may be in some States or communities, but I believe it has not been the fact in New England. I am not aware that there have been more than four cases before the courts where the defense of insanity was made, and the patients sent to Middletown during all of the twelve years I have been connected with the Institution, where the persons were not unquestionably insane.

Dr. EVERTS. What proportion of homicides were among them?

Dr. SHEW. Only eighteen out of one hundred and eight, and the others were cases of arson, burglary, theft and various other charges; three cases of obstructing railroad tracks.

The President called upon Dr. Kirby to report for New Jersey.

Dr. KIRBY. I have nothing to say.

Dr. KIRKBRIDE. I am sure Dr. Kirby should not have any modesty in speaking for New Jersey. Although not a citizen of that State, I was born so near it and passed so many of my school-days in it, that I have often been regarded as a Jerseyman, and on one or two occasions, in the absence of our friend Dr. Buttolph, I have taken the liberty to speak for him and the State of which he is one of the honored representatives in this Association. In

regard to the insane, New Jersey has now attained a position of which any State may be proud, having provided first-class institutions, as I believe, for all her insane. If I am wrong in this respect Dr. Kirby will correct me.

Dr. KIRBY. It is really so, except that the State has not yet made separate provision for her insane criminals.

Dr. KIRKBRIDE. I ought to have made that exception. With this exception we may say that New Jersey has made first-class provision for all her insane, thus giving the very best answer to the assertion so often made, that "no State in the Union is able to make proper hospital provision for all her insane in the mode generally adopted." It has been done in at least three other States, and if it can be done in these, or in New Jersey alone, why can it not be in the great States of New York or Pennsylvania, or even the smallest in the Union? I trust the Doctor will give a detailed statement of what has been done in New Jersey for her insane, a record which I regard as most honorable to her.

Dr. MORSE. I will say that I was at Morristown last Saturday, and spent a day with the Superintendent, and that the Asylum there has over four hundred patients. The upper floor has no patients at all upon it, it could receive a great many more. I think the building was intended to accommodate between seven and eight hundred. It is certainly a very fine Institution and in most excellent condition. Dr. Buttolph told me he would not be able to attend this meeting, and probably should not be able to be here at any of the sessions.

Dr. KIRKBRIDE. I would like to say a few words more in regard to New Jersey, and especially in reference to the new Hospital at Morristown, to which Dr. Morse has referred, and about its great cost, of which so much has been said by the advocates of cheap receptacles for the insane. A large amount of money has certainly been expended there, but no one, familiar with hospital matters, can pass through it and examine its very complete arrangements without seeing why this has been, and what there is to show for it. Large as the cost has been, I believe the citizens of the State are really proud of it. I am sure they ought to be, and the taxpayers, as usual, are not the people who object to the cost of these charitable institutions, when the money is faithfully expended. I say this for the encouragement of those who have much to do, and wish to do it well, for I have a firm conviction that the people, sooner or later, will appreciate all our efforts in this direction. In regard to Pennsylvania I may say, that while the good cause

is gradually progressing there, it is not doing so, in all respects, as one could desire. Under the law passed last year for the erection of a new hospital for the south-eastern section of the State, the commission, after a long delay, is now proceeding with the erection of a building near Norristown. From the beginning there has been, apparently, in this commission, a disposition to have something different from what has generally been adopted by this Association, and to ignore in a great measure the convictions of those most familiar with the care of the insane. As a consequence of this, they are now going on without any central building, without any efficient plan for ventilation, without any separate building for but one sex of the excited patients, and with eight distinct buildings, one hundred feet from each other, besides many other deficiencies which can only be remedied, as it is to be hoped they will ultimately be, by a large addition to the first cost of the Hospital. In regard to the other State institutions, Dr. Curwen can speak for that at Harrisburg, and Dr. Schultz for that at Danville. With respect to the Hospital at Warren, there is a reasonable hope that it will be ready to receive patients in a little more than a year. It will be a first-class Hospital, fire-proof in every part and provided at a very reasonable cost. It is pretty sure to be creditable to the State. In the city of Philadelphia I am sorry to say the condition of the insane poor is about as bad as it can well be. The simple fact that twelve hundred patients are confined in apartments intended for only one-half that number, is enough to convince any one here of the mode in which that class is provided for in that great and prosperous city.

The new Hospital for the south-eastern district of Pennsylvania is not likely to give any material relief to Philadelphia, for by the time it is completed, the natural increase that will have taken place will about fill every apartment that will be assigned to it. In fact an entirely new hospital for one-half the insane now in the Almshouse is the only plan that can give relief or be at all creditable to Philadelphia.

Dr. GRAY. I would like to ask whether in that new Institution the eight buildings separated in that way are separated from each other absolutely, or have corridors connecting with each other and with the main or administrative building?

Dr. KIRKBRIDE. It is proposed to accommodate one hundred patients in each building, and they are separated by a distance of one hundred feet from each other. They are two-story buildings.

Dr. KIRKBRIDE. There has been no progress in the matter of providing buildings for insane criminals in Pennsylvania. A commission was appointed by act of the Legislature, and that commission made a report and gave a plan for a hospital for insane criminals, but no action has been taken by the Legislature in regard to it.

The PRESIDENT. The remark should be made in this connection, if at all (and it is to me an interesting fact, because it seems to be an effort in the right direction), that the new Hospital for the south-eastern counties of Pennsylvania was intended to take the insane of Philadelphia, to take the poor insane of that district out of the municipal care, which I think is very desirable. I am very sorry that this first effort seems likely for the present, if not to miscarry, to have its complete success more or less postponed.

Dr. CURWEN. Dr. Kirkbride has covered the ground pretty freely, and I can only add a few words. We are making extensive alterations in the Hospital at Harrisburg, which is an old building of twenty-seven years' standing. We are improving the internal arrangements, and propose continuing them during this year, so as to have the building more thoroughly in accordance with the present views of construction of institutions of that kind. In relation to the Hospital at Warren, about two weeks ago the Legislature made an appropriation to enable the Commissioners to put the whole building under roof. It is expected, also, that the appropriation will cover the expense of the heating apparatus, water-works, gas-works, and advancing the works to such an extent that patients can be received in the course of the year. The building is strictly fire-proof, as Dr. Kirkbride has said.

The PRESIDENT. What will be the entire cost of the building fully ready for occupancy?

Dr. CURWEN. About \$900,000.

The PRESIDENT. With accommodations for how many patients?

Dr. CURWEN. It was designed originally for 400, but crowded as the Hospital at Harrisburg now is, it will easily accommodate 600.

The PRESIDENT. That would be a cost of about \$1,500 a patient?

Dr. CURWEN. Yes, sir.

Dr. SCHULTZ. In regard to the State Hospital at Danville, the only information of interest that I can give is, that the last portion of the building under roof will probably be finished this present year, and the Hospital, which has been building since 1869, will be completed.

The PRESIDENT. What will be its capacity when full?

Dr. SCHULTZ. Three hundred and fifty of each sex.

The PRESIDENT. How much will it cost when completed?

Dr. SCHULTZ. About a million dollars, and that pays for everything, not simply for the Hospital building proper, but also the land, water-works, gas-works, grading roads, fences and farm buildings.

Dr. C. F. MACDONALD. Does it include the furniture?

Dr. SCHULTZ. Yes, sir; it includes the furniture also. Of course, the first half of that expenditure was made during the inflation period, and was, therefore, from forty to fifty per cent above present rates. There is one point in connection with the Hospital in the eastern part of the State that I will refer to, because I think it would save a great deal of trouble if it could be done in every case where an institution is to be built; and that is, that all the money required should be appropriated in the first place, and so much of it should be available every month. This would save a great deal of annoyance and waste, resulting from the interruptions of work and uncertainties attending fragmentary appropriations.

The President then called on Dr. Thomson, of Maryland, who responded as follows:

Dr. THOMSON. Dr. Gundry and Dr. Stokes being absent, I will say a word in regard to the two principal Insane Institutions of our State. Most of the members are aware that there has recently been a change in the office of Superintendent of our State Asylum at Spring Grove. Owing to some misunderstanding between the late Superintendent, Dr. Conrad, and his Board of Directors, Dr. Conrad recently resigned his position, and Dr. Gundry, of Ohio, has been appointed to fill the vacancy. Dr. Gundry tells me he will take charge at Spring Grove within a week or ten days. That Institution, built to accommodate two hundred and fifty patients, is now full to its utmost capacity, and a movement is on foot either to enlarge the present building or to erect additional quarters (cottages) outside. In regard to the Institution with which I am connected, the Mount Hope Retreat, we are moving on quietly in the even tenor of our way. We are full almost to overflowing, having considerably over three hundred patients at this time. We have now in course of erection, as an addition to the main building, another wing, which will be completed this fall, and increase our capacity at least one-fourth. Our Institution, as most of the members are aware, is conducted on a very different plan from



that by which State institutions are regulated. With us the entire management and control is vested in the Sisters of Charity, to whom the buildings and extensive grounds belong. The Sisters do all the executive work, provide all that is needed, and employ Dr. Stokes and myself to conduct the medical branch of the work for them. Our duties pertain solely to the medical and hygienic department. Our views and instructions are carefully sought and faithfully carried out by the Sisters. With some disadvantages, which the members will appreciate, an experience and observation of six years has strongly impressed upon me some very decided advantages in this mode of conducting an insane asylum; chief amongst these advantages is our admirable system of nursing, which is so intelligently and conscientiously done by the good Sisters themselves.

Dr. R. F. BALDWIN, Virginia. Since I had the pleasure of meeting you two years ago, I am happy to say that we have completed and occupied a most admirable building for the accommodation of 78 female patients and their six attendants; and as I am sure of the interest the Association feels in enterprises of this kind, I will describe the building in some detail. Our Asylum is arranged on the plan of detached buildings, and the addition I speak of stands at a distance of 24 1-2 feet from, and is to be connected by a covered way with, that portion of the female department which is farthest from the center building. Being thus at a considerable distance from the central steam-heating apparatus of the Asylum, it was necessary to provide it with heating appliances of its own. It depends, however, on the central supply for gas, cooking and laundry purposes. It stands upon a basement containing entrances to the first floor, heating apparatus and storage cellars. Over this are three complete wards, surmounted by a well-ventilated attic, which insures the proper temperature of the third story. Each ward has a dining-room, pantry, dressing-room, two sets of water-closets and two bath-rooms in different parts of the ward, two linen-closets and one room for two attendants. It has one associate dormitory, for eight beds, 27 1-2x17 1-2 feet, one for two beds, and fourteen single rooms, 7x13 feet, with one exception. It has one main corridor, 110x12 feet, with a height of 12 feet, with three large windows at each end, extending from ceiling to floor. There is on each floor another corridor, 23x6 feet, which separates three of the single rooms from the rest, so as to provide for the seclusion of noisy patients. The two corridors are separated by a wide passage and stairway, which adds to the degree of



isolation. Another stairway at the other end of the ward affords access for officers and for all who have the work of the house to do. The corridors being large, roomy, well lighted and well ventilated, will be used as day rooms, so that the patients can be constantly under the supervision of attendants. An iron wire-guard is put up across each corridor, at the distance of three feet from the northern end of it, so as to allow the windows to be raised to their full height. At the southern end these guards are twelve feet from the windows, the intervening space being intended for conservatories. The entire building will be heated by a low-pressure steam apparatus, partly by direct and partly by indirect radiation. The ventilation is done by the apparatus successfully used in the Academy of Music, in Baltimore, by the architect, Mr. J. C. Neilson. "The principle employed is that of exhaustion from two towers in the roof, which differ from any other outlet for foul air in this, that while they allow everything to pass out, they absolutely exclude all entrance. The least difference in temperature establishes an outward current, and empties the building promptly of its atmosphere. There are check-valves in all the air-passages, by which it can be regulated at will." Each room has an *opening into the corridor near the ceiling*, which insures perfect ventilation and avoids the objectionable feature of transoms as means of escape for patients, and the water-closets have flues opening into the main smoke-stack. The window-sash are all hung, and are protected by a strong outside wire guard, securely screwed into the frame. The violent patients have their windows guarded by a strong inside wire-blind, a single shutter, locked with same key as the room door. The building is solid and substantial, and of the best hard-burned brick, which were made upon our land under supervision of the steward, Mr. S. A. Hashour, and delivered to the contractors at a cost of \$6.00 per 1,000. Owing to the nature of the site, the basement is very high, ranging from nine to fourteen feet. This added somewhat to the expense, but it gives a commanding view of the city and the picturesque country around it, diversified by mountain, hill and dale. I have never walked through wards more airy and full of light and sunshine, and I am truly thankful that we have secured, at so moderate an outlay, such a home for our insane, many of whom have been for a long time the inmates of jails. The cost has fallen below \$400 per capita, that being the estimate upon which the Legislature granted an appropriation of \$80,000 for the enlargement of the two asylums in Virginia.

Turning now to a subject of more general interest to the Association, I am glad the matter of mechanical restraints, in regard to which there has been in some quarters severe criticism, received so much attention at the meeting in St. Louis, and has been so fully discussed in annual reports since that time. It is well that the subject has been thus brought prominently forward, as I am sure that the more thoroughly the workings of our institutions are understood by the public, the more highly they will be appreciated. Of course, this mode of treatment should be kept solely under medical supervision, and it must be the wish of every Superintendent to reduce its use to a minimum, and to make it, when necessary, as little objectionable as possible. In this connection, I will show you here a photograph of a crib which we use in our female department. The lids and sides are secured with woven wire, the bottom being a movable slat-frame. A most comfortable bed can be made upon this frame, and the crib is the least objectionable mode of restraint which we have seen for such patients as will not voluntarily remain in bed. The best bedstead which we have used heretofore was an iron one made in our neighborhood. It had, however, some objections to it, which have been removed in the pattern we now use, of which I have been requested by the manufacturer, Mr. Schopperl, to show you this photograph. It is all made of the best hammered iron. It has two center legs to prevent sagging, and can be secured to the floor if desired. I also show you a *glass medicine cup*. We formerly used English earthenware, but that was expensive, each cup costing a shilling. We determined, therefore, to try glass, but found considerable difficulty in getting them made. The mold cost \$20, and, including this, the cups are manufactured by the "La Belle Glass Company," Bridgeport, opposite Wheeling, at a cost of seven cents each. When the mold is furnished, they will cost five cents, and we will cheerfully offer the use of it to any member of the Association who may wish to have the glass cup made.

The PRESIDENT. What is the cost of your new building?

Dr. BALDWIN. It cost as it stands, about \$333 per patient.

Dr. KIRKBRIDE. Dr. Baldwin, have you a ground plan of your building with you?

Dr. BALDWIN. Yes, sir; I have, and I have also a full plan, both of which I would be glad to show the Association.

Dr. H. BLACK, Virginia. We have in the State about seven hundred patients provided for in our Asylum, and about two hundred and twenty-five not provided for of the white population.

In the Asylum for colored people there are about two hundred and fifty patients, and about seventy-five not provided for. As heretofore stated to the Association there was an appropriation made in 1876 of \$80,000 to enlarge the two Asylums, the Eastern and Western Asylums, \$40,000 for each. But owing to some financial embarrassment in the State only \$10,000 dollars of this sum has been paid to the Eastern Asylum, which has been expended in material which is ready to use as soon as the balance of the appropriation is received from the treasury. We have saved at the Eastern Asylum some \$15,000 in the last two years from the general account fund by strict economy, about \$10,000 of which has been expended in the erection of a kitchen store-room, in the place of the building burned down in 1876. Consequently we have not been able to use that fund for completing the building for the patients, as soon as that money is received we will be able to provide for one hundred patients more in the Eastern Asylum. Last winter at one session of the Legislature a committee upon retrenchment and economy was appointed on account of the financial embarrassments of the State, and they investigated every department of the government with a view of curtailing the expenses, and they did so very rigidly, but I am pleased to say that there was no proposition made to diminish the appropriations to the asylums. The people are in sympathy with us and they are willing to appropriate enough for the support of our patients. So far as the colored insane are concerned they are still using rented property. It is the intention of the State to build a separate asylum for them, as soon as it can be done.

Dr. T. B. CAMDEN, West Virginia. I believe I have nothing particular to report more than an overcrowded condition of our Hospital. There are at present four hundred and seventeen patients in the Hospital. You may remember that it was intended to accommodate not more than three hundred when fully completed and it is now only one section beyond half done. There is at present a great pressure for admission, and petitions, threats and appeals are in turn tried to get patients into the Hospital. There are seventy applications for admission and I have to answer "no room," I tell them that it is not my fault that there is no room, and try to place the responsibility where it belongs, on the Legislature. I have been suggesting that a tax of five mills on the hundred dollars worth of property be laid, and to let it run until the Hospital is finished. The appropriation for construction was defeated at the last session of the Legislature by two votes. I

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think if the subject had been discussed longer before the Legislature an appropriation would have been made. I think there will be next session. All the colored insane of the State are amply provided for. We have eighteen of this class. They are in a separate building, and we have colored attendants for them.

Dr. WM. M. COMPTON. Mr. President, I have no important news from Mississippi. We are getting along very well about in our same old style. We have opened another new wing with a capacity for eighty patients, at a cost of about \$49,000. The capacity of our Institution is now four hundred and twenty-five. It is crowded, with perhaps thirty or forty applicants on our books pressing us. I regret to inform the Association that during the past winter an epidemice of emotional insanity seized upon one of the houses of our Legislature (the senate) and they did not get any better until they appointed a new superintendent, and that seemed to relieve them very much, and since then everything has progressed very well. My successor, Dr. Mitchell, I should have been glad to have brought here and introduced to the Association, because he is a most excellent officer, but I hope he will meet you next year.

Dr. J. H. CALLENDER. I have nothing encouraging to report. Our Legislature affords us ample sustenance for our Institution (the only one we have) and vote liberally. The State, after projecting two additional institutions, was compelled by force of circumstances to abandon the purpose of erecting them at present; and owing to the embarrassed condition of the State finances, and the general depression of business, and the struggle with the large State debt, it is abandoned indefinitely, I suppose. I take occasion to remark, however, that there is no lack of interest in or sympathy with the insane, or want of desire to provide amply for them by the people or the General Assembly. The failure to provide the means is wholly and solely from the cause I have suggested. My own Institution is full always to its utmost capacity. I have endeavored to prevent its being crowded, thinking we could accomplish more good by having a certain number, relieving it from time to time by discharges through recovery and improvement, than by overcrowding the Institution. That is the policy I have adopted within the last three years, since it became evident that we could not have more complete accommodations. I have now in charge about three hundred and eighty patients of both classes and both colors. The colored insane in my State are accommodated in a very commodious structure separate and apart



from the main building, apart from the whites, and we hope at no late day to carry out all our anticipated improvements and additions.

Dr. R. C. CHENAULT, Kentucky. I can only say in regard to our asylums that we have been gradually trying to improve their condition. The one with which I am connected being one of the oldest Institutions in the country, and was considerably out of repair when I took charge of it, and the Institution was in debt. That was some three years ago. Since that time we have made many improvements and, among them, I may mention the building of a large reservoir for water, which was sometimes in dry seasons very scarce, and we have tried to make accommodations for all the insane in the State. We have, as you are well aware, three asylums in the State, with accommodations for about fifteen hundred patients, including white and black. We have made provision for the colored insane so far, at only two of the asylums, the one with which I am connected, and also the Central Asylum. The Legislature last winter made an appropriation to build an asylum for the colored insane, also, at the Western Asylum, so that each section of the State might accommodate its own colored insane; and on account of the accumulation of chronic harmless incurables in all of the asylums in the State, the Legislature saw fit to pass a law this present winter, the winter of 1877-78, to relieve the asylums of that class of patients, and temporarily, at least, to make provision for them by sending them to their homes, where they must be passed upon by a commission appointed for the purpose, consisting of the superintendent and two of the board of managers, and sending the harmless ones to their friends, or to the counties from whence they came, and paying one hundred dollars per annum for taking care of them; so that all the cases that really needed treatment, and might be benefited, could be taken into the present accommodations. I believe that is about the real and actual condition of our asylums. The State appropriations made have been sufficient. There has been no complaint made against the appropriations, and the desire of the people of the State, seems to be to care for all the insane of the State, as well as possible.

The PRESIDENT. Where are your criminal insane?

Dr. CHENAULT. They are in the different asylums of the State. I have five or six homicide cases in my Asylum, and you will find the same thing probably in the other asylums.

The PRESIDENT. What is the number of patients in your Institution?

Dr. CHENAULT. We have six hundred in the Eastern Asylum.

The PRESIDENT. And accommodation for about fifteen hundred in the State?

Dr. CHENAULT. Yes, sir.

The PRESIDENT. It is well known to the Association that Dr. O. P. Langworthy, one of the Trustees of the State Asylum for the Insane, of Louisiana, is present, and not the Superintendent. The Association would be glad to hear from him.

Dr. LANGWORTHY. I have a report from the Superintendent in the shape of a note written to me, and I will say that he is absent on account of his being compelled to remain at home and supervise repairs to the Institution, which are now going on there. He was Superintendent of the Asylum when the Board was appointed by Governor Nichols, and the Board found the Institution in a very impoverished condition, and in debt some \$40,000, and of course they could not do as much as they would. The first appropriation under the present administration, was only \$25,000, and it barely paid the necessary expenses of the Institution. Last winter in answer to our appeal to the Legislature, they made an appropriation of \$40,000—\$25,000 for current expenses, and I forget the division of the remaining \$15,000, but there were \$8,000 for repairs, and the remainder was for clothing and furniture. Clothing was very much needed by the patients. I have the first annual report made by the present Board at my room, and I will put it in the hands of the Secretary before we meet again. The note from the Superintendent to me is dated April 29, 1878, and with the permission of the Association I will read it. "I send the copies of our last report. We have on hand, at this time, two hundred and four patients. These are in the City Asylum, New Orleans, one hundred and fifty; in the Retreat, New Orleans, seventy-five. I think that there are at large and confined in jails waiting for admission about one hundred. The number sent to asylums in other States is not known. Taking the number of insane in proportion to the population of other States, we have about one thousand in our State."

I would say in regard to the Asylum, that we made an application to the Legislature for an appropriation for an addition, so that we could treat the increased number of patients, and we proposed to build cottages for that purpose. We have large grounds, and we have a fine main building that was built before the war. The fencing and a great deal about the outer buildings are out of repair, and we have no money to attend to them, and the Legisla-

ture gave the best assistance it could in the present financial condition of the State, it being deeply in debt. But we propose, as the present board will undoubtedly continue during the term of Governor Nichols, (four years from the date of his installation) without incurring any more debts, yet as fast as we can, to improve the Asylum and enlarge it. I think the time will come when an institution will have to be erected in the northern part of the State, about Alexandria or Shreveport. As I was visiting the North, I told Dr. Jones I would attend the meetings of this Association and represent him as well as I could. Under the present law of our State, in order to remove the Superintendent, the Board of Administrators (as we call them) must make a charge against him of some kind, either of dishonesty or incompetency, and consequently, as we have nothing of that kind against Dr. Jones, he is there and will be there, I presume, as long as this board remains, and as long as that law exists, because he is an efficient officer, and I am very sorry he can not be with you.

The PRESIDENT. I think it must be the unanimous feeling of the Association that your report is a very satisfactory one, and we all bid you God-speed in your endeavor to improve and enlarge your Institution. It is generally understood to have labored under great difficulties for some years.

Dr. LANGWORTHY. I will add that we have three physicians on the board now. Under previous administrations, there were two or three freedmen, and nobody was on the board except those not at all interested in the welfare of the Institution.

Dr. D. R. WALLACE, Texas. Much might be said in regard to the Asylum in Texas, but just how much of this would be of any interest to this body I do not know. Not much given to form, or to doing things because somebody else has done the same thing, or to occupy a certain amount of time with a speech with no particular object in view, but merely to talk to be heard, I shall have little to say, as there is little to be said to any purpose. If I knew just what the Association wants to know in regard to Texas, it would afford me pleasure to communicate it. I may remark, coming as I do from an extreme Southern State—the matter having just been spoken of by others—in regard to the colored insane of Texas, it is the policy to admit all who apply, and this for three reasons: First, because poor, ignorant and less capable of taking care of themselves or each other; second, because not numerically as well represented in the Asylum as the white race; and third, because the State Government being in the hands of the Demo-

crats, care is exercised to give the Republicans no cause to complain, or to work upon the prejudices of the colored people. We have been trying to isolate the races, but, owing to the crowded condition of the Hospital, with only partial success. Female patients, being more excitable, have to be entirely separated. No difficulty in keeping the males together in the same ward. In regard to additional accommodations, it will be remembered I mentioned last year at St. Louis that I thought our Legislature in a humor to make the necessary appropriations to finish up the present building in accordance with the original plan; which done, there would be room in our Institution for about six hundred. There has been no meeting (our Legislature convening biennially) since the meeting of the Association, and, of course, nothing has been done. The Board of Management has made some alterations and additions, by which twenty-eight or thirty additional patients can be accommodated.

**Dr. LANGWORTHY.** Dr. Wallace has referred to the admission of colored patients in his State. I will say that they are receiving the same attention in Louisiana. They are few, and are put in the same wards with the white patients. In regard to out-door work, I would like to say this: our garden is pretty much cultivated by patients, who raise the necessary supplies for the table, and that saves us considerable expense; and we have mechanics, and wherever they can be made useful, our Superintendent is diligent in giving them work to occupy their minds. I visited Dr. Gundry in Columbus last week, and while there attended a ball given for the benefit of the patients, and witnessed other amusements gotten up for their benefit, and I desire to say that I think it is a very beneficial feature. We have attempted nothing of the kind ourselves as yet.

**The PRESIDENT.** I should like to inquire whether either of the gentlemen who have spoken from the neighboring States, could give any information in regard to what is now being done in Arkansas. A proposition was made several years ago to establish an institution there, and a commission visited me here in Washington to make inquiries.

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from six hundred and thirty to six hundred and forty patients. The Hospital at Independence has three hundred and fifty patients, with four new wards about ready to be occupied. When these are ready, they will be used to accommodate patients from Mt. Pleasant. There has been no special legislation in Iowa during the past year in relation to insane hospitals, except to reduce our subsistence to \$16 a month per patient; we can not exceed that sum. Heretofore we were allowed to use any sum not exceeding \$50 a month.

Dr. KEMPSTER, WISCONSIN. The principal subject that occurs to me, that will be of interest at this time, is the fact that at the preceding meeting of the Legislature provision was made for the revision of the laws of the State, and at the last session of the Legislature further provision was made for the adoption of the revision. In the revision the revisers have changed the law relative to the trial of persons who are charged with crime, and in whose behalf the plea of insanity is interposed. Now, a person who is charged with a crime, and in whose behalf the plea of insanity is interposed, is to be first tried before a jury on this issue. If it is found that the person is insane, he is then committed to one of the State institutions. If, on the contrary, he is found to be sane, the trial is to proceed before the same jury, and the question of insanity is ruled out. We attempted to get some further provision for the insane of our State last winter, and while we did not get exactly what we wanted, a law was passed which, in some respects, is peculiar, and I doubt whether it will be thoroughly adopted by the several counties of the State, although I think that perhaps one or two may go on to adopt the revised law. In brief, it is this: that whenever the Board of Supervisors of the county shall deem it expedient, they shall report to the Board of State Charities that they desire to have an institution put up for the care of the chronic insane of the county. The State Board of Charities, if they shall find it a proper thing to do, are to devise plans, &c., and to make such suggestions as they see fit. After the plans have been adopted and the sites selected, and both approved by the Governor, the building may then be commenced, and providing that it does not cost more than \$600 per capita, the State is to pay for one-half of the cost of construction. After it is constructed, the law authorizes the Secretary of State to compute the average cost per capita for the care of the insane of the State institutions, and eighty per



cent of that amount is to be paid over to the county institutions for the care of the chronic insane. There are many other provisions, but I will not enumerate them. It was gotten up by parties interested in having institutions in certain localities, and the recommendations of this Association were not considered in the provisions of the bill, as the suggestions I have made will imply. I understand that two counties have taken steps to build under the provisions of this law. With what result, of course, remains to be seen. I must say that it seems to me to be an unwise step. We are getting along well. Our institutions are crowded, but appropriations have been made for their maintenance, and we have no reason to complain of any lack of means.

The PRESIDENT. What do you do with your chronic insane?

Dr. KEMPSTER. There are some in the two State Institutions, and there are a number in the State prison. There is no special provision for them.

Dr. BOUGHTON, Wisconsin. Nothing of interest has transpired during the past year in reference to the State Hospital, at Madison, and the change in the law has been fully reported.

Dr. PALMER, Michigan. I have nothing special to report. The Eastern Asylum for the insane is now completed, and will be ready and furnished by the 1st of July, which will give us an additional capacity of about four hundred and fifty beds.

The PRESIDENT. How many are accommodated at Kalamazoo?

Dr. PALMER. We have seven hundred patients at Kalamazoo. It is too full. Five hundred and fifty is the number we should have; we can accommodate that number without any trouble.

Dr. CLARK, Canada. Mr. President, so far as the Toronto Asylum is concerned, it is overcrowded in the same way as many other superintendents have certified to, but not to the extent that many have mentioned here. I have six hundred and seventy patients on an average, and my accommodation is for six hundred and sixty without overcrowding. There have been no changes in the Toronto Asylum, except internal improvements for the past two or three years. It is partly a pay Asylum and partly an Asylum for free patients. The maximum sum for paying patients is six dollars and from that down to one dollar a week; the receipts were \$25,000 last year, but this year they will probably be \$30,000 from paying patients alone. I am not enamored with the system of having pay and free patients in the

same institution. I think it is better to have them separate. We will require manipulation for an institution of this doubled-barreled kind to be a success, that would not be required in an institution entirely free or entirely paying. Dr. Wallace, who was with us last year, has an Asylum at Hamilton containing two hundred patients. Those were quiet and chronic cases sent there from other asylums. The Government is adding two wings to that Asylum this year, which will accommodate three hundred patients more, making five hundred in that Institution when completed, and including acute cases as well as chronic. The Dominion Government of Canada, which represents provinces the same as your Senate does a collection of States, had an Asylum at Kingston under the charge of Dr. Dickson. This Asylum was intended at first for the criminal insane only, connected with the Kingston penitentiary, but there were only twenty-five or thirty patients of that class that required accommodation, and the capacity of the building being for between three and four hundred, the balance was occupied by the patients belonging to the Province of Ontario. That Province paid the Dominion government about one hundred and forty dollars a year per capita for the support of those patients. During the present year the local government (our State government you may say) has purchased that property, and now under Dr. Dickson it becomes an Asylum of the Province. The penitentiary authorities, or the Dominion government have erected a wing within the penitentiary ground, and have removed from thirty to thirty-five criminal patients to the penitentiary, and the penitentiary surgeon looks after them. When the additions at Hamilton and the wings that are proposed to be added to the Kingston Asylum, and the projected cottages at Dr. Bucke's Asylum are finished, we will have plenty of room for our insane for years to come. We have about twenty-five hundred to three thousand insane in the Province of Ontario, the population of the Province being about two million. In regard to our system of asylum government I might say this, there used to be a Board of Trustees the same as I find existing in many of the United States, but since the confederation in 1869, there has been only one Inspector appointed in Ontario who is a government servant, a permanent officer. In fact all our government officers are permanent appointments, during good behavior. This government officer is responsible to the government only. He is inspector of prisons and charities including of course asylums.

We find this plan to work very well indeed, and I do not think there will be any disposition on the part of superintendents or of the people to change that method of conducting our institutions, for it has been found to do better than the old system. The government supplies us with all the funds we require directly from the public chest. There is no local taxation in counties or in townships for asylum purposes, but all accounts that we receive for these purposes are drawn directly from the public exchequer. The government being responsible to the people is therefore held liable for the proper disbursements of all funds drawn through this officer for public use, and we are responsible to the government through him for the efficient administration of our institutions. I can not now say anything about the other Provinces. There is a small Asylum which has been started in British Columbia. They have a sort of Asylum and prison combined in Manitoba, erected about two years ago. I can not say much about the Quebec Asylum and the one in New Brunswick. At Halifax, N. S., Dr. DeWolf has resigned and Dr. Reed has been put in his place only a few months since.

Dr. Bucke, Canada. I have six hundred and ninety patients. Since this time last year I have opened two additional cottages, with a capacity of sixty beds each, and in a few months more I shall open the refractory asylum, which will give me a total capacity of something over nine hundred beds. The Asylum consists of five buildings, the main asylum, the refractory asylum and three cottages. We have one hundred and eighty patients in the cottages. These patients are not under any restraint whatever. They come and go all day long just as they please, the same as if they were sane people. So far the cottage system has worked admirably; it has given no trouble whatever. The buildings are comparatively inexpensive; they cost about one hundred and twenty-five dollars per patient. The patients like them far better than the main buildings. The cost of maintenance of patients there is somewhat less than in the main building, because they receive very little attendance. To the three cottages of one hundred and eighty patients, we have three attendants in each of two, and four in the center one, in which the cooking is very largely done. We therefore have one extra employee there, a woman cook. In each of the three cottages there is a head attendant, the chief attendant of the center one has general supervision of the others, and all the reports, orders and direc-

tions go and come through this one man, who is a very competent person. The refractory asylum I expect to open in the fall. How it is going to work to have the refractory patients separated from the rest I do not know.

**THE PRESIDENT.** The three cottages are occupied by the quiet chronic cases?

**DR. BUCKE.** Yes, sir; by quiet incurable cases.

**DR. KIRKBRIDE.** I should like to ask Dr. Bucke why these patients who come and go at will, and who give no trouble should be in the asylum at all; why should they not live at home.

**DR. BUCKE.** Well, they are manifestly insane, very insane some of them, and I do not think it would be at all safe to leave them at home; many of them have strong delusions which would make them dangerous to their own people, and they are not capable of carrying on any business. There is not one among the one hundred and eighty who could carry on any sort of business, or conduct his own most simple affairs. If they were capable of taking care of themselves at all, they would be sent home, but they really are not. But still they will stay about there, and many of them you could not drive away, and if you should take them away any long distance, I believe they would come back. They are perfectly satisfied there. Very early in the spring we occupied a new cottage and sent patients there from the new asylum. Well, of course, we had to bring some back again, they did not like the change and they misbehaved themselves and we sent out others in their place, until we got thirty men and thirty women who seemed to like the cottage and behaved themselves, and on the whole we remarked a material improvement in the condition of these incurable patients. They acquired more self-respect, and apparently more self-control, and did better in every way in a cottage than when in the main building.

**THE PRESIDENT.** Do you have male and female patients in the same cottage?

**DR. BUCKE.** We have one cottage for males and one for females, and in the center cottage there are both males and females.

**THE PRESIDENT.** How far are these cottages apart?

**DR. BUCKE.** The three cottages form an equilateral triangle, and each side of the triangle is about fifty or sixty yards long.

**DR. KIRKBRIDE.** I should like, also, to ask whether you do not think that persons who would be dangerous at home, would also be dangerous in going out into the community at pleasure; and

also, whether you find any inconvenience from having insane men and women, with all these privileges, living in the same building?

Dr. BUCKE. As regards the first question, the patients do not go out into the community at pleasure at all; they do not go out into the community at all, unless they get special leave. We do give some of these patients leave to go to town, but that is a very rare thing, and very few of them ever ask it. The most of these cottage patients are working men and women. The women do sewing or knitting, and the men work in the gardens and on the farm. As regards the second question, of course that is a matter that has caused me some thought and care, but I do not believe it is going to be any trouble whatever. There is no tendency, I think, to any evil, and no likelihood of any evil resulting from the sexes being confined in that way in one building, with liberty to move about at will. There does not seem to be any tendency to mix. They are tolerably well observed; there is always somebody about, and there is no tendency apparently to become intimate. A great many of them are very old, and so far, I have not seen any evil or likelihood of evil from that cause.

Dr. GUNDRY. I do not wish to enter into a discussion of this particular question, but I ask, is it right to call things by wrong names? A cottage means a residence for two or three people—for one family. Sixty people make rather a large family. Why not, therefore, come down to the naked truth and call them blocks, or anything else which gives an idea of what they are? Of course, I do not refer to Dr. Bucke's or any body else's use of the word. I object because it is the introduction of a word into our language and into our specialty, meaning something other than what it is. Why not squarely and fairly call them blocks, as I believe Dr. Robertson did call them. Dr. Robertson proposed a plan for separate blocks, united by small corridors; and our friend Dr. Chapin, who shows his system very admirably, would not call a place with sixty or eighty patients—in other words, an assemblage of houses—anything but a block.

Dr. BUCKE. I should like to have Dr. Gundry christen my cottages for me.

Dr. GUNDRY. I can not do that. I do not even christen my own children, much less yours.

The PRESIDENT. Dr. Gundry, what do you wish to say about Ohio?



DR. GUNDRY. I do not represent Ohio at present, but I will say this, of course you all understand my connection with Ohio is severed. The reason for it I need not give. Since we met a year ago the principal Institution of the State has been opened for the reception of patients since the 23d of August last. It was really opened, however, on the 7th of September, by the reception of one hundred and seventy-six patients. Since then I think one thousand and thirty-two patients have been received, of whom eight hundred and eighty now remain. This Institution has been very well appointed and furnished, and I believe as an Institution it will compare very favorably with any other, and in calculating the cost it has been found to be a less expensive building than has been reported. The cost is between seventeen hundred and eighteen hundred dollars a patient. It is entirely fire-proof with the exception of a few partitions in one compartment for domestics. Every stair in it is of iron. Every floor is bedded in concrete and supported by brick or corrugated iron arches, there is not a wooden joist in the building. The water is supplied from the river in connection with another Institution adjacent to it, about half a mile from it, the Asylum for Idiots. The sewerage of both Institutions is in common, conveyed from them by means of pumps, and pumped into the river about two and a half miles distant. The same system, I believe, which the town of Leeds, in England, adopted. As you are aware, probably, a bill has been introduced reorganizing all the institutions, which means to change their names, and a new Board has been constituted and appointed by the Governor, and of course other changes in officers must follow. The new Boards are, with one exception, composed of new men in the place of the old ones, and at Columbus, Dr. Firestone, a very worthy gentleman has succeeded me after the resignation of the gentleman who was appointed to succeed me. At Athens, Dr. Clark has succeeded Dr. Rutter, and at Longview, Dr. Bunker has been replaced by Dr. C. A. Miller. A provision has been made, or was to be made, extending the accommodation for the insane, by erecting an asylum which will accommodate three hundred cases, adding therefore that much to the accommodation and taking in so many more chronic cases, and placing this Institution under the general control of the Northern Institution at Cleveland. It was found that although we anticipated accommodating every patient in the State, that not quite every one was accommodated. That, however, has been done, and whatever feeling men may have about the peculiar manner of organization or reorganization,



still all, of course, join in the feeling that the people of Ohio are constant in their desire and in their efforts to contribute liberally towards the support and care of the insane. These Institutions (and I believe I am an impartial witness now) will compare favorably with any others in their appointments, which have been provided by the State. I have been in three of them, and therefore I can speak with some knowledge of the matter and with some feeling; for the rest of them I have nothing to say.

Dr. KIRKBRIDE. How nearly has Ohio provided for all her insane?

Dr. GUNDY. It is a difficult question to answer, but I had supposed about all. The question, however, comes up in this way. The pressure of the hard times, probably, has brought out more patients than was anticipated, of persons who were formerly kept at home in families where they were eager to keep their friends as long as they were not too troublesome. But a great many of these have now come into the Institutions. Then there are the epileptics. If the accommodation is not sufficient, they are not received, they are the last to be received. In regard to the criminal insane, it was hoped something would be done for them. Nothing, however, has been done. I received about thirty convicts in the Institution, but beyond that, no permanent arrangement has been made. It was expected they would provide an institution separate and distinct from the prison, and from the Hospital, for these, but it has been otherwise. I will say that the convict class, as a class, has not been any more troublesome than other patients. We managed mainly to put them in a ward by themselves, for a while, and gradually let them in with the others. The greatest trouble, I think, is their propensity to run away, but for a while, say two or three months, I certainly never could expect to receive more pleasant or contented company. But as they get used to their surroundings, and forget what they came for, then naturally the feeling of discontent arises, and they become dissatisfied with the positions in which they are placed.

Dr. STRONG. I do not know that I can add anything to what Dr. Gundry has said in relation to the general condition of the asylums of Ohio. In the locality of the Asylum which I represent, the chief matter of importance, at the present time, is the effort which is being made to provide for the chronic insane. As our Asylum was unable to accommodate all the insane of our district, the city of Cleveland last year built an insane department on its infirmary grounds, at a

cost of \$60,000. One hundred and twelve patients, belonging to the city, now occupy this new department. It has room for a hundred more. A bill has been introduced into the Legislature, proposing to have the State take this new department off the hands of Cleveland, and use it for the purposes of an asylum for the chronic insane who are confined in the infirmaries in our district, and as an outlet for chronic cases that are compelled to leave our asylums in order to furnish room for recent cases. It is a worthy measure, and I trust it will succeed. A word in regard to the Asylum that I represent. The past year, on the whole, has been a prosperous one. Many improvements have been made, of an important character. The Legislature gave us \$30,000 for a new laundry, a new carpenter shop, and for additional steam-heating facilities. These much needed improvements add greatly to the comfort of our patients, and the convenience of our work. We have been free from accident or casualty during the past year. The general sanitary condition of our Institution has been very good, and our mortality rate low. We have nearly six hundred patients at the present time.

On motion, the Association adjourned.

The Association was called to order at 8 p. m., by the President.

On motion of Dr. Gray, it was resolved that the discussion of the papers read be postponed until all the papers have been read.

**THE PRESIDENT.** The resumption of reports from the different States, upon the condition of the insane, is now in order.

**DR. GRISSOM.** I regret that I have no report of much interest to make relative to the general progress of the work in North Carolina. The movement towards the erection of the Institution in the western part of the State is slow, in consequence of the smallness of the appropriations out of the public treasury for the purpose. It is to be hoped, however, that before a great length of time the financial condition of the State will improve sufficiently to give us the necessary aid.

**DR. EVERTS.** Our State is progressing steadily towards making proper provision for all her insane. Our new Hospital is a department for women, and will accommodate seven hundred properly, but which will be crowded with nine hundred, undoubtedly, and

will be completed in about one year from now, and then we think we will have, perhaps, the best Hospital in the United States. That may be a little boastful. The cost will be about one thousand dollars a bed. The departments are about three hundred feet apart, but the front lines of the Hospitals are the same. The Institution will accommodate all the insane from every part of the State who will naturally apply for public accommodations.

The PRESIDENT. In other words, the State will have full provision for the insane.

Dr. EVERTS. The constitution of Indiana is imperative. It says that the Legislature shall make provision for the insane of the State, and that implies all the insane.

Dr. KILBOURNE. There has been no new movement in the State of Illinois since our last meeting in St. Louis. The ground for the new institution (which was spoken of there) under the appropriation made for it has been broken, and the work will be prosecuted this summer and the ensuing year; with that exception there is nothing particular to note further than that we are moving along quietly.

Dr. BARNES, Illinois. The building of our Hospital, I believe, has been completed since last spring. We have about four hundred and thirty patients, and everything about our Institution seems to be working satisfactorily. I have a newspaper slip here which I will have the Secretary read, in regard to a resolution passed at our last Board meeting.

The Secretary read as follows:

"The Trustees of the Southern Illinois Insane Asylum, at Anna, yesterday sent communications to the State Commissioners of Public Charities, at Springfield, and to the Trustees of the Jacksonville and Elgin Insane Asylums, recommending the appointment of a pathologist, whose duty it will be to give his entire time to the scientific study of the diseased conditions attending insanity, in order to preserve in the best form for the use of the medical profession at large, a record of everything in our State Hospitals, calculated to throw light upon the nature and cause of diseases of the nervous system. A Springfield dispatch says that the Board of Public Charities will take early action upon this recommendation, and cause the Governor to appoint the proposed pathologist."

Dr. GODDING. At the Government Hospital for the Insane, the number of patients has increased during the past year. The mem-

bers of this Association this session have had an opportunity of seeing what provision has been made for care and accommodation. I do not know that any action is contemplated by Congress that will materially effect our situation at the present time.

Dr. LANGDON, California. The Institution at Stockton has twelve hundred and three patients. The male and female departments are entirely separate, and distinct buildings, one-fourth of a mile from each other. In the male department of the Asylum there are eight hundred and thirty-three, and in the female three hundred and seventy under treatment and care. In regard to the male Asylum we have the stereotyped report to make that we are dreadfully overcrowded. But the fault does not rest with the State of California, in her not showing a proper disposition to make provision for all her insane, but in the peculiar circumstances of the State, the manner of its settlement, and in its being in a great measure the depository of the insane from all the surrounding country and the Pacific islands. We have been trying to relieve ourselves of our present condition. The last legislative committee that visited our Institution felt the paramount necessity of making additional provision for the care of about four hundred, the number in excess of that for which we have proper accommodations in the male Asylum; but owing to the fact that there were so many contingent expenses and drafts upon the public treasury, the Governor failed to sign the bill. It may seem strange that we need another asylum in California—that so new a State should have so large a number of insane. But you will consider the character of the settlers, the delusive ideas which many entertained, who entered that country, the struggle for wealth, and the disappointment which threw many upon us. But independent of that, throughout California there is no provision in any of the counties for taking care of the insane, so the State expects that every proper subject for the asylum shall be sent to a State institution. In reference to the female department of our Asylum, at Stockton, we have ample accommodations for all who may apply at present, and hope that our accommodations will be sufficient for a year or two longer, at any rate. The Asylum at Napa was erected with the expectation of accommodating five hundred. Although open scarcely three years, there are about four hundred patients there.

Dr. Grissom then read a paper on “True and False Experts.”

On motion, the Association adjourned to 10 A. M., of Thursday.

MAY 16, 1878.

The Association was called to order at 10 A. M., by the President.

The minutes of the proceedings of yesterday were read and approved.

The Committee on Time and Place of next Meeting reported in favor of Providence, R. I., as the place, and the second Tuesday of June, 1879, as the time of the next meeting, which was unanimously adopted.

Dr. Smith, from the same Committee, offered the following resolution:

*Resolved*, That for the next meeting a Business Committee be appointed, of which Dr. Sawyer shall be Chairman, and the Secretary also a member, and the President appoint the third member, which was agreed to.

The Secretary read a note from Dr. Edward Jarvis, relative to sending the reports of the different hospitals to the English Commissioners in Lunacy.

Dr. Wallace then read a paper on "Buildings for the Insane."

Dr. Bucke read a paper on the "Moral Nature and the Great Sympathetic."

At the conclusion of the reading of the paper, the Association adjourned, to pay their respects to the President of the United States.

The members of the Association spent the afternoon in visiting the Barnes Hospital, and the beautiful grounds attached to that, and the Soldiers' Home.

The Association was called to order at 8 P. M., by the President.

Dr. Ray read a notice of the character and professional ability of our highly honored member, the late Dr. John E. Tyler:



My relations with Dr. Tyler were not of the kind that bring to view, all the sides and aspects of a man's nature, but they sufficed to reveal to me many sterling qualities, well worthy of the highest esteem. Starting with his mind well prepared by a college training, and a faithful study of his profession, he obtained in due season the merited reward of such preparation. While engaged in a general practice, embracing to a large extent, the most respectable and cultivated part of the community, he was selected by the Trustees of the State Asylum of New Hampshire, to become its Superintendent. So well did he discharge this trust, that under his charge, the Institution notably prospered, while he established his own reputation in this peculiar calling. On the death of Dr. Booth, the Superintendent of the McLean Asylum, the Trustees of that Institution had little hesitation in making Dr. Tyler his successor. Here the best qualities of his nature were brought into action, as they never had been before, and his remarkable fitness for the kind of duty he had assumed, was admirably displayed. In no other similar institution in the country, are larger draughts made on the patience, the temper, the industry, the zeal, in short, on all the moral and intellectual resources of the superintendent. For thirteen years he stood the trial, steadily gaining the approbation of his Trustees, the confidence and esteem of his patients, and the respect of his medical brethren. He came to the work with a correct appreciation of its responsibilities, and an earnest endeavor to achieve the highest measure of success. Thenceforth it became the all absorbing interest of his life. Surrounded by memorials of his predecessors, he needed no other incentive to make himself worthy a place by the side of a Booth, a Bell, a Lee and a Wyman. It was a purpose of the noblest ambition. How worthily he achieved it, we learn from the abundant testimony both of his patients and his employers. He cared little for popular applause, and was well satisfied with the approbation of those who alone, were the proper judges of his merits. He had many qualities indispensable to success in his calling. Without any profound study of psychological science, he possessed that nice discernment of abnormal mental conditions, which springs from a happy faculty of observation, a faculty which may be improved by use, but is chiefly a gift of nature. It enabled him to look beneath the surface, and discern signs of irregular action that would escape the notice of others less happily endowed. His success was much promoted by a genial temper and a pleasing address, that always made him a welcome companion, bringing, at



every visit a gleam of sunshine to many a darkened soul. Few could resist the cheering influence of his hearty laugh, and pleasant words, well-timed and skilfully expressed as they always were. In the character of an expert, in cases of insanity, in which he often appeared, it would be no small praise to say that he did no discredit to his profession, but he also did something more. He was always cool, self-collected, not easily embarrassed, and was unusually successful in obtaining respect and confidence for his statements. He soon learned what some experts never learn at all, that to satisfy himself of the correctness of his position, is scarcely more important than to foresee how it will strike others. It is this kind of prescience which makes one sure that the ground he takes is tenable, and enables him to anticipate the assaults he will have to meet. After a service of thirteen years his health had received such a shock from a malarial fever contracted while on a visit South, that he felt obliged to resign and seek the restorative influences of a prolonged stay in Europe. On his return with his condition greatly improved, he engaged in private practice, and soon had all the employment he desired. He had been appointed, while in the Asylum, Professor of Nervous Diseases in Harvard University, and the last professional act he did, was to give the usual lecture of his course. He will be much missed in that community, for he was widely known and esteemed, and in various relations his counsel was sought for, and highly prized. As a member of this Association, his presence among us always met with a hearty welcome. His words were ever wise and timely. He was not much inclined to writing or speaking, but when he did write or speak, it was something well worth listening to.

Dr. KIRKBRIDE. Mr. President, I am sure I am unwilling to take any of the time of the Association this evening, but I must say I feel greatly indebted to Dr. Ray for what he has read to us. Although we hope to have on a future occasion a more detailed memoir of our deceased friend, still it seemed to me that this meeting had hardly taken notice enough of the death of one who was so much loved by us all, one who had done so much both in his profession and our specialty. I believe in every word of commendation that Dr. Ray has read this evening.

The PRESIDENT. I agree thoroughly with what Dr. Ray has said in relation to the character of Dr. Tyler. I knew him very well and he was one of my most esteemed friends. He had every quality that commanded esteem, geniality, uprightness, devotion

to his professional duty. He was one of the most companionable men I have ever known.

Dr. HUGHES. I can not permit the present occasion to pass without expressing the feelings with which Dr. Tyler's manner impressed me, when I first met him at our meeting in Boston, ten years ago. You were there yourself, Mr. President, and recollect the cordial greeting that he gave us, and the very interesting paper he read to us on that occasion. I was then one of the young members of the specialty, and I am glad to say that Dr. Tyler, then and there, contributed in no small degree, to strengthen my attachment for practical psychiatry. I am glad to be permitted to bear this tribute to his memory. When men like Dr. Tyler die, their deeds and their example live after them.

Dr. A. E. Macdonald then gave a history of two cases of Homicide.

Dr. Camden read a paper on the Progress of Medical Science and particularly of Psychological Science in the Nineteenth Century.

The Committee to audit the accounts of the Treasurer, made the following report:

The Committee to audit the Treasurer's accounts, respectfully report to this Association, that the Treasurer's accounts are correct. They would state that after paying the expenses of reporting the proceedings, from the money received from members at St. Louis, and sending notices to all the absent members, the Treasurer has not yet received sufficient funds to meet the expenses of printing the propositions of the Association, ordered in 1876, including other bills due for postage, printing and paper. It will require, at present, about sixty dollars above what is now in the Treasurer's hands to meet all these expenses. An assessment of five dollars on each member of the Association, if paid by all, would cover all the usual expenses, and what is now due, but any extra expense will require an additional assessment.

All of which is respectfully submitted.

DANIEL CLARK,  
E. A. KILBOURNE.

On motion, the report was accepted and adopted.

On motion, the Association adjourned to 10 A. M., Friday.

MAY 17, 1878.

The Association was called to order at 10 A. M., by the President.

The minutes of the meeting of yesterday were read and approved.

Dr. STRONG. Mr. President, I desire to call the attention of the Association to a clearly defined and typical case of aphasia, which recently came under my notice. I have not had time to write it out, and I trust you will bear with me while I attempt a brief explanation of the case. The patient to whom I refer was brought to our Asylum on the fourteenth of August last. He was a man forty-four years of age, a little below medium size, and a sailor by occupation. The history I got of the case was somewhat imperfect. Three months before he was brought to us, he was at work on board of a vessel in the harbor of Cleveland, and while thus engaged he received an injury over the left parietal region, at a point corresponding with the third front convolution of the brain. It could not be definitely ascertained whether this injury resulted from a fall or a blow. He was taken to the Cleveland City Hospital, and lay for several days in an unconscious state. The diagnosis of the case at that time was "concussion of the spine." Consciousness gradually returned to him, and after the period of a month, as near as I can recollect, he slowly began to walk, but was unable to speak. But a short time elapsed between his discharge from the City Hospital and his admission to our Asylum. During that interval it was observed that he could not speak, and it was claimed that there was a disposition on his part to wander about. At the time of his admission to the Asylum, he had a perfect command of the locomotor and other functions of his body. He would listen attentively to what was said to him, would act as though he thoroughly understood it, would make a strong effort to talk, would place his hand over the seat of injury, on the left side of his head, the tears would start from his eyes, but he would only succeed in saying, in a somewhat explosive manner, "yes, yes." When requested to write in answer to questions, he would simply write his name and repeat it. As he was cleanly in person and tidy in dress, he was placed in a quiet, convalescent ward, and there the case was carefully observed. He was tractable and obedient, although occasionally he would become irritable, and manifest angry feelings towards other

patients. He would do what he was told, make his bed, sweep and dust his room, and was exceedingly nice and particular about his manner of doing work. He would put on his spectacles, take up a newspaper or book, and be apparently interested in it, but to what extent he comprehended papers or books we could not say. Whenever spoken to the same old explosive "yes" would come out. He continued to go along in this way, performing the little duties above referred to acceptably, for a period of about five months, when it was observed that there was a growing inability to use his right arm. This continued to increase until he was unable to perform any work. Very soon thereafter he began to grow more and more indifferent to his surroundings, became more and more stupid, gradually lost control of the functions of the bladder and bowels, was compelled to remain in bed, had right hemiplegia, slowly sank into unconsciousness, and died on March 27, 1878. A post-mortem examination of the brain showed the following condition of that organ. The focal center of trouble seemed to be in the fissure of Sylvius of the left cerebral hemisphere. (A full sized photograph of the brain was here exhibited to the Association, showing the locality of the lesion, and the pathological changes which the parts had undergone.) At this point you will observe, from the photograph which I hold in my hand, a marked depression caused by atrophy of the third frontal convolution, involving the island of Reil. The light color observed on the outer margin of the left hemisphere, extending its whole length, and which was about an inch and a half in width, shows that portion of the brain which had undergone a yellow softening. There were about six ounces of serous fluid under the arachnoid membrane. The locality and nature of the injury, the history of the early symptoms, the progress of the case, and the morbid condition found after death, led me to conclude that the middle cerebral artery was primarily involved in the trouble.

In Trousseau's chapter on aphasia I find a case recorded, which, in many respects, bears a strong analogy to this one. It will be remembered that at our meeting in St. Louis, last year, the subject of localization of brain functions was somewhat thoroughly discussed, and when this case came under my observation, it occurred to me that it might be well to present it to the Association.

Dr. CLARK. Was there adhesion of the membranes to the brain tissue?

Dr. STRONG. There was no adhesion.

Dr. CLARK. There was softening of the brain I understand?

Dr. STRONG. There was softening of a portion of the left hemisphere, but the condition of the right hemisphere appeared to be normal.

Dr. BUCKE. When this man first came to you he could only say "yes," and could only write his name, how much intelligence did he display in relation to his surroundings?

Dr. STRONG. He would listen very attentively to what was said to him, and his appearance and actions indicated that he comprehended it.

Dr. BUCKE. Did you think he understood?

Dr. STRONG. My impression was that he did.

Dr. BUCKE. Suppose you had asked him to go out?

Dr. STRONG. He would have understood, and obeyed such direction.

Dr. BUCKE. If he was sitting down in the room, and was asked to go and get something, would he go into the next room and get it?

Dr. STRONG. His attendants informed me that when engaged in doing work in the dining-room, if he were told to go to his own room and get anything, he would do so.

Dr. BUCKE. I wish to ask further, whether the loss of power to communicate intelligence was due to the loss of intelligence, or to the loss of a particular faculty?

Dr. STRONG. That he was unable to talk from loss of the idea of language was very clear, that he possessed very considerable intelligence is equally clear, but just how much I am unable to state.

Dr. BUCKE. If he had lost the faculty of speech from injury of the head at the point referred to, would it result also in the loss of power to write?

Dr. STRONG. I think it would.

The PRESIDENT. The Doctor will excuse the Chair for remarking that he thinks that any questions calculated to bring out the full history of this case are in order, but not beyond that, the Association having voted not to discuss papers until they were all read.

Dr. STEVENS. I wish to ask the Doctor, if, when he wrote him a question, he comprehended that?

Dr. STRONG. I think he did.

Dr. BUCKE. Could he read and write before the injury?

Dr. STRONG. Yes, sir; he could.



Dr. GRAY. Was there evidence of external injury?

Dr. STRONG. There was slight depression externally over the left parietal region, but I was surprised in not finding a corresponding depression internally when the post-mortem examination was made.

Dr. KEMPSTER. Was there a section made of the brain at the point of atrophy?

Dr. STRONG. No, sir.

Dr. GRAY. Were the membranes thickened?

Dr. STRONG. They were not.

Dr. STEVENS. I would like to inquire as to the extent of the paralysis?

Dr. STRONG. The only paralysis observed was the hemiplegia which came on as a result of the apoplexy that showed itself a short time before death.

Dr. SMITH. Is it your impression that he lost the idea of language?

Dr. STRONG. Yes, sir; I looked upon it as aphasia, the chief characteristic of which I understand to be the loss of the idea of language.

Dr. SMITH. How then did he understand the directions given him?

Dr. STRONG. The brain lesion was chiefly local, affecting the idea of language and the power of its expression. There was a broad margin of healthy brain, and, according to Trousseau, even admitting that intelligence is involved, the understanding is less injured than the memory of the acts for producing sounds and remembering words.

Dr. HUGHES. I wish to ask whether from your observation of this case there was any failure of the power of the brain, except so far as the formation of ideas in his speech?

Dr. STRONG. The loss of the idea of language was certainly the most prominent feature in the case. He seemed to have clear ideas on other subjects, but to what extent the general understanding was involved, I can not say.

Dr. GRAY. Did you record him as having any special form of insanity, as dementia or anything of that kind?

Dr. STRONG. I think we recorded him as a case of dementia.

Dr. Hughes read a paper entitled "Aphasia, or Aphasic Insanity, Which?"



On motion of Dr. Clark, it was resolved that the papers be taken up in order, and the remarks of members be confined to three minutes, and that the members speak as they may desire, without being called upon individually, as usual.

The first paper in order for discussion was Dr. Clark's, but none of the members being inclined to discuss it, the next paper was that of Dr. Wallace.

Dr. GODDING. I purposed to wait to hear from members of more experience than myself on this question, but, as no one speaks, I can not allow this paper to pass without expressing my gratification that Dr. Wallace has very frankly and boldly brought to the attention of the Association some practical points that arise in building hospitals for the insane. It would seem to me that while we should omit nothing that would add to the comfort, after the security of the patients, including danger from fire and the accidents liable to insecurity—that we have gone within the last decade into the building of too expensive hospitals, stately palaces, as they have been called, which do not, to my mind, add one iota to the curability of the insane. I felt, while listening to the Doctor's paper, that something might be fairly allowed for difference in our latitude; that Dr. Wallace is most favorably situated for providing for the comfort of the insane in houses which, especially in our more northern latitude, would not be habitable in winter season. Here the question of heating apparatus comes in, which, of course, adds very materially to the cost of hospitals in the North. I would not wish to take the ground of advocating simply pauper institutions—pauper in the matter of their construction I mean, or of having them one whit less complete in their appliances than those now erected; but as a protest against the extravagant architecture and some of the surroundings of many of the lately erected hospitals, that are due in a majority of cases to the State pride of our builders, I consider the paper a very valuable one. I would like to ask Dr. Wallace what provision for heating hospitals, and at what expense per capita are found to answer in his State?

Dr. WALLACE. Our Institution is heated entirely by stoves, and they are used very little. I do not suppose we fired them up more than half a dozen times last winter. The patients are per-

fectly comfortable in closed rooms, except, of course, when we have our northers, and we had none of them last winter.

Dr. RAY. Dr. Wallace seems to have taken the key-note of his paper from one of mine read last year, on the "Cost of the Construction of Hospitals for the Insane." In so doing, I am sorry to say, he has misapprehended almost every point that I made. I instanced a few cases of hospital construction, the cost of which was much less than twenty-five hundred or three thousand dollars per patient, not meaning thereby that no hospital could possibly be built for less than those I cited, and I mentioned those particular cases simply because they had come within my own personal knowledge. Nor did I present them as models of hospital construction; it was enough for my purpose that they fully met all reasonable requirements of a hospital for the insane. Nor did I alter a single word favoring a uniformity of plan. On the contrary, I believe that the best conceptions of hospital construction necessarily imply adaptation to peculiar circumstances, consequently a lack of resemblance to existing plans. The general features should always be determined in some degree by the character of the grounds, the exposure to prevailing winds, the proximity to hills, groves, water, &c. I am about the last person to advocate a uniformity of construction. Another mistake of the Doctor was in countenancing the idea, somewhat favored of late by certain people seeking for a grievance, that this Association has encouraged expensive plans of construction, and to that extent deserves public condemnation. No member of this Association, who has made himself acquainted with its work, needs to learn from me that the charge is utterly without foundation. The Association has never said how much a hospital should cost. I challenge any one to find in its proceedings a single word in favor of any expenditure in construction or furnishing not peremptorily required by the special purposes of a hospital. In vain will you look for anything of the kind. On the contrary, so far as the views of this Association have been expressed at all, they have been decidedly the other way. The resolutions on this subject adopted unanimously many years ago, prepared by Dr. Kirkbride, and recently published with all other resolutions ever adopted by the Association, distinctly set forth the importance of confining the expenditures to the necessary and proper purposes of a hospital. This charge against the Association of favoring a needlessly expensive style of building is simply a part of a system of detraction lately started, originating in personal griefs. That hospitals have

been built in this country, costing far more than they should, I admit, but the fault has not been in the plans, nor in any superfluous architectural ornamentation. It has always been in mercenary contracts, in specifications badly drawn and opening the way to a large margin of extras, in sites requiring large outlays to prepare them for the purpose, in "pickings and stealings" generally. In connection with this matter we hear much about palatial hospitals. If the term refers only to the immense size of some of them, I admit that it is well put, and that the Association, so far as it has favored this kind of building, is justly responsible therefor. But, subtracting the cost of all the architectural ornamentation, the average cost of the whole establishment will be lessened in a very small degree.

Dr. KIRKBRIDE. I did not intend to say one word on this subject, because I am quite sure that every gentleman here understands as well as I do, the whole principle involved. I must, however, protest most earnestly against any one, either in this Association, or out of it, charging it with recommending or justifying extravagance of any kind. I challenge any one who will read the proceedings of this Association from its foundation up to the present day, to show one line in them, or one word that has been said here, that justifies extravagance in making provision for the insane. The propositions that were originally adopted, and which have been re-affirmed on several occasions, ask for the most moderate kind of buildings and arrangements, and I would ask any one here or elsewhere to show a single point in those propositions, that he would of choice have abandoned. I have read them recently and carefully, and I am sure there is no one of those propositions that can be given up without in just so much lessening the character and completeness of an institution. If the gentleman from Texas can provide properly for his patients at three hundred dollars a head, I have no objection to his doing so. If the people of Texas are satisfied with that kind of provision, I am sure I am willing they should have it. I must say, however, that it would not satisfy me, nor do I think it would satisfy the people of the State in which I reside.

One word about names for institutions for the insane. I must confess that I am tired of having these institutions called "palaces," and I would beg leave to ask those who have a fondness for this term, to tell me in what respect they find the resemblance between an institution, properly furnished with the means for treating the sick or insane, and a "palace." Does size make a building "pala-

tial," or is there ornamentation enough in any of them to justify such a title? As Dr. Ray has well said all the ornamentation that can be found in most of them, will not make an appreciable difference in the cost. Their architecture should at least be good enough to prevent their being a permanent reproach to the States to which they belong. I have had a large amount of responsibility in the building of one hospital, the money which paid for it being all raised by genuine begging. Well, this work was thoroughly done, there was no waste, nothing was left out that was deemed useful, only a respectable appearance was given to the building, and if the work was to be done over again, I should recommend the adoption of exactly the same plan. Plain as it is, it has been dignified by these palatial titles, and yet on looking over the whole ground, we do not see how we should be able in justice to the patients or ourselves, or the community in which it is located, to take anything from its arrangement or its external appearance. In regard to the "palaces," of which we have heard so much said, I have only to remark that, if the people of New Jersey, New York, Massachusetts or Ohio, choose to have such buildings as have recently been put up, and which they think comport with the dignity and wealth of their respective States, I do not see why I, a citizen of another State, should think it necessary to criticise their opinions, and to denounce their mode of making provision for their insane. Their own citizens are, no doubt, quite competent to manage all that kind of business, without the outside aid which is so generously offered. I noticed recently, in a publication by the Board of Trustees of the Willard Hospital, the very interesting statement, that the great State of New York—with all its large expenditures for the insane, and especially in the construction of grand edifices at Utica, Poughkeepsie, Middletown and Buffalo—has not appropriated for all these objects, nearly as much money as has already been expended on the new structure in which hereafter are to assemble, the law-makers of the commonwealth. If I am not right, my friends from that State will correct me.

DR. GRAY. All the expenditures for buildings for the insane in forty years, have not equalled what has already been expended on the new Capitol.

DR. KIRKBRIDE. And not only that, the Trustees very justly say, that if the whole amount was divided among the people of the State, the portion for each would be so insignificant, that they believed that not a hundred individuals would be found unwilling

to pay their quota; as stated in the Report of the Willard Asylum—less than two and a quarter mills on the dollar of the assessed valuation of the State for one year. It must be obvious then, that all this talk about “palaces” is for effect, and not in the interests of the insane, or to secure the best provision for them. I end by saying what I have so often said before, and of the truth of which I am as certain now as I ever was, that the best hospital, best constructed, best organized, best arranged and best managed, is always cheapest in the end.

Dr. BARNES. Just a word or two in reference to the hospitals in Illinois (as they have been criticised somewhat) in relation to the expenditure. It has generally been made by men who are political contestants. We have been charged in that direction by politicians, but I have taken particular pains to inquire of the common masses of our people who visit us for various purposes, and I do not think that I have heard a single expression that our Hospital is too fine. No person I have met ever expressed an objection to paying taxes for this purpose.

Dr. BUCKE. The Hospital that I superintend in London, was built under the economical government of the Hon. John Sandfield Macdonald. This government had to build a hospital for a certain number of patients, and Mr. Macdonald wanted to know what it could be done for. The architect made plans and estimated that the Institution would cost over a thousand dollars per patient, and said it could not be done for any less. Mr. Macdonald said that it must be done for half that amount, and directed the architect to prepare plans of an asylum to be built for five hundred dollars per patient. The Hospital was completed upon those plans and specifications, and that Hospital I manage now. It was built as well as it could be for the money, but it has required so many removals and repairs, that I believe it is one of the dearest hospitals in North America to-day, and still it is not and it never will be a first-class Hospital. It will never be a good building and no amount of money will ever make it one; it will always be a poor, dear Asylum. You will see, therefore, that my experience and consequently my opinion, are opposed to low priced asylums.

Dr. KEMPSTER. Relative to the expenditure of money, we have just passed through an experience of constructing a hospital in Wisconsin. I would that the gravest taxation that our people have been subjected to was the construction of that hospital. I made an estimate as to the cost and the amount upon the assessed value of the property of our State. The total cost of the Hospital



for construction, heating apparatus, and all excepting furniture, was nine hundred dollars and eighty cents per capita, and the tax upon the people was one-tenth of one mill upon the estimated value of the property of the State. Gentlemen are aware, of course, that in our climate it is no unusual thing to see the thermometer stand twenty degrees below zero for a week at a time. The heating apparatus was the most expensive, as we have one foot of radiating surface to fifty cubic feet of room; this gives us a comfortable place to live in during cold weather. The estimate is one-half larger than that described by architects and persons interested in heating and ventilating. The Institution is well built so far as its construction is concerned. I have yet to visit a better in the United States. The whole cost, including land, furniture and articles of every description, was one thousand dollars and twenty cents per capita. For this we have a completed Institution with an abundance of bedding, furniture and all that. We all know, in reference to one remark that Dr. Wallace made, that extensions can be made at much less cost than the original structure, and our worthy President has set an example to the world in the construction of the wings that were erected at the Institution with which he was connected, but I doubt whether the people of Wisconsin would allow our patients to be put into wards like so many sardines in a box. My experience is that it is almost impossible to get persons to allow their friends to go into associate dormitories. They all want single rooms, and front rooms at that. Our people are particularly anxious on that score. There is hardly a patient brought to the hospital but what the friends want to know whether their friend is to have a place in an associate dormitory, as they want a single room; and when they can not be accommodated they decline to leave the patient, and take him to a different institution. The whole institution in our State is sustained by the Government, and every man is a sovereign.

Dr. A. E. MACDONALD. The Institution which I represent was an expensive one, costing about one million of dollars for the building alone, without reckoning either the cost of the site or of furnishing. But the great cost is, I think, to be accounted for rather in the way Dr. Ray has suggested, than from any superfluity of ornamentation. It was built in the palmy days of Mr. Tweed's reign, when all public works were so costly. But, and I think this fact has some bearing upon Dr. Wallace's paper—in all the clamor that has come from the press and the people regarding these extravagances, not one word has been uttered as to this particular



building. The purpose to which it is devoted seems to have atoned for the costliness of its erection.

Dr. GRAY. As New York State has been cited, I, perhaps, ought to say something. In the projection of the institutions of the State, a provision has always been made that the plans and specifications of such buildings shall be approved by the Governor and some other State officers, and that has been done. The subsequent erection of the buildings has been under the control and direction of Managers, appointed by the Governor and confirmed by the Senate, or a Building Commission, all of whom are strictly legislative servants, to do the work of the people as directed under the statutes of the State, and they are required to make returns of the manner of doing the work, in detail, as required by the Legislature. That they are built permanently, they are standing to show. The Asylum at Utica is without ornamentation, except, perhaps, as has often been alluded to, the portico. Beyond that there is not even a cap to a window, not a projection or dormer window, or a cupola or spire. The flag staff is the only thing that projects above the simple roof.

The PRESIDENT. Have you not a dome?

Dr. GRAY. No, sir; we do not even indulge in a dome.

The PRESIDENT. That was burned down, was it not?

Dr. GRAY. The dome, a wooden structure, was burned, and was not rebuilt. There have been times in our State when the prices of labor, lumber, brick and stone have been very high, and made the work of building very expensive. I do not think we could get along with stoves in our climate as they do in Texas. It must be remembered that in the north we not only require a great deal of warmth, but a great deal of protection from the winds and the inclemency of the weather. The protracted stormy, cold, driving rains and snow, render it necessary that all our structures, doors, windows and roofs should be well built, and they are more expensive to keep in repair than similar buildings in the south. I was very much struck with this when in California, last year. At Stockton, the Institution under Dr. Shurtleff, was as open as a bird cage. All the windows were open during the day, and, as he told me, they could be open during the night most of the year. There was continual sunshine, without rain for six or eight months. In connection with the ordinary close doors, he had slit doors arranged in many of the wards. The latter could be open so that the air could flow in from every direction. That could not be done in our climate. All these things have to

be taken into consideration, and it is to be presumed that in each locality those whom the State directs to take charge of such matters, must know what they are about better than persons at a distance, or those there who know nothing about such institutions.

Dr. STEVENS. I am pleased, in the main, with the ideas of Dr. Wallace. I think it important that some expression should go forth from this body on this subject. The resolutions adopted long ago, and from time to time reaffirmed, place the Association right upon the record. In the construction of the St. Louis County Insane Asylum, we have an instance of extravagance almost unprecedented; a building which cost, exclusive of the site, \$3,000 per patient. It was not the aim or intention of the authorities in charge, to spend more than about one quarter this amount. It would be out of place here to give the history of the building of this palace. It is almost perfect in adaptation to the object intended, but it is besides a monument to the architectural skill and taste of the architect, and, at the same time, (though I dislike to say it) a very notable instance of waste and extravagance. I have only to say further that I believe that in nearly all cases the blame and censure should be laid where they belong, which certainly is not at the door of our specialty.

Dr. GRAY. I supposed that the paper of Dr. Wallace maintained that the Association was not responsible for such expenditures. Am I right?

Dr. WALLACE. You are perfectly right.

Dr. GRAY. I supposed that he maintained that this Association was not responsible for any of the ideas of extravagance prevailing.

Dr. WALLACE. Let me read a quotation. My venerable friend, Dr. Ray, is mistaken in supposing that my paper was provoked by his read at St. Louis. An article published two months ago, in the *Medical and Surgical Reporter*, in Philadelphia, charging upon this Association responsibility for extravagance in hospital structures, was the occasion of my paper, in which this language occurs: "And thus the system of insane asylum building, sustained and fostered by the American Association of Superintendents, presents the curious phenomenon of housing a class of paupers, at more than six times the expense per capita of the house-holding class, and more than twenty times that of the tenement-renting class." Here is what I say; permit me to read again from my paper: "I have said before, and it will bear repetition, the history of this whole subject shows that this body is not responsible for the abuses that may exist." "In the main, the evil is quite outside their direct or indirect influence."

Dr. GRAY. That was my understanding.

Dr. STEVENS. My idea was not only that the Association was not responsible, but that the public have brought this thing right before us, falsely accusing us.

Dr. EVERTS. I was not present at the reading of Dr. Wallace's paper, and should not criticise the paper itself. I fully concur in what Dr. Stevens has said, and I think the Association should free itself from an assumption of this kind which does not rest with us. There is a psychological view of this matter which seems to have been left out. My own belief is that what are called palatial buildings have been a great advantage to the world, an advancement to the specialty and of those under its care; it is the difference between a hospital and a bedlam. The impression that is made on the people, dignifying the specialty by the action of the State, and these provisions that have been made for the insane, have been of incalculable advantage to the patients themselves. In this, however, much has been wasted by political machinery, like the work of the sanitary commission, during the war, when it often took three dollars to get one dollar to the front, still it has been well expended.

Dr. STRONG. So far as the paper of Dr. Wallace is calculated to check extravagant tendencies in the construction of hospitals for the insane, I fully agree with him. But I do not think that the responsibility for such extravagance should be charged upon members of this Association, who, as a rule, have no more responsibility in the matter than they have for the transit of Venus. In Ohio much has been said about the cost and extravagance lavished upon the new hospital at Columbus. The course pursued in building this Institution clearly proves that the position taken by Dr. Ray is a correct one. Could the "jobs" have been eliminated from all contracts during the long period of its construction, I do not believe that the cost would have exceeded twelve hundred dollars per bed. Then, again, it must be remembered, that it was built during the era of inflation, when, apparently, there was great prosperity, and almost everybody seemed extravagantly inclined.

One of the most serious features connected with this subject, in my view, arises from the fact that notwithstanding the great outlay of money in many of the States for hospitals—Ohio included—we still have a large number of the insane in county infirmaries, or other receptacles still more objectionable. A more judicious and economical expenditure of money, with fewer "jobs" in contracts, would have supplied, in many instances, good, comfortable

and durable structures, and at the same time such an increase of capacity as would accommodate all. This latter point, I understand, is what this Association has been seeking to accomplish for years, and I trust the time is not far distant when this worthy object will be achieved. So far as the tax-payers are concerned, they will not complain of the cost of thoroughly well built and convenient structures for the accommodation of *all* the insane, if convinced that they are not the victims of speculation and jobbing. In fact, they desire structures up to the modern idea; structures possessing all the facilities which sanitary science can suggest, and all the appliances and comforts essential to the highest good and welfare of the patients. When institutions of this character are visited by the people, their minds are at once disabused of preconceived notions of "mad-house" horrors, and they are frequently heard to exclaim "if a member of my family should become insane, I should be impatient to have him or her brought here."

Dr. WALKER. I can not let this discussion close without uttering my protest against any member in or outside of this body, attempting to hold this Association responsible for anything claimed as extravagant or useless in buildings for the insane. When Commissioners, appointed by the State, select a site and boast that in their selection of that site, no expert was consulted, and such a site costs, with the accompanying work, outside of the building itself, more than \$150,000, are we to be held responsible? I protest against any such expressions. I also claim that if the propositions of this Association had been followed; if the advice of the members of this Association had been asked, and when asked and given, had been faithfully followed, there would have been no complaints such as are made to-day, against the buildings for the insane. We are not responsible in any degree whatever, either as an Association or as individuals. I was pained and filled with sorrow that a paper should be presented here, which should seem on the face of it to countenance the accusation that this Association is responsible for any such thing. These things are not under our direction in Massachusetts. I do not believe they are elsewhere. I repeat again, if the propositions of this Association were faithfully acted upon, there would be no cause for complaint in any of the buildings themselves.

Dr. HUGHES. Much of the extraordinary expenditures on these so-called palatial structures, though I have seen no palaces among them, has resulted primarily from ignorance of the propositions of this Association with reference to hospital construction, as well

as selection of site and surroundings. Dr. Walker has justly criticised the errors so often made in selecting the location, leading to subsequent uncalculated and costly outlays for supplying water deficiencies, making roads and securing market facilities, &c., but the greatest errors have been made in the interior construction and finish of buildings, without the advice of practical asylum superintendents, who, having lived with the insane and learned their peculiar wants, are properly qualified for advising and coöperating with an architect in devising and perfecting proper abodes for them. The domiciles of the insane as we all know, to be best adapted for their welfare and safety, must, in many respects, be differently constructed from an ordinary house or hotel for sane people.

Dr. CHIPLEY. Some allusion has been made to public clamor in reference to the cost of hospital buildings. It seems to me that we ought to remain unmoved by such clamor. Almost all superintendents have had experience in the construction of hospitals, and I think we have honestly arrived at the conclusion reached by Dr. Ray; and if we believe that to be right, and there is no extravagance in it, in spite of public clamor we ought to maintain our position in behalf of those unfortunate creatures who are not able to speak for themselves. I would not undertake to say that a suitable building could not be provided in Texas for the sum of three hundred dollars per capita, because Dr. Wallace says it can be done, but so far as my experience goes, touching Ohio and Kentucky, I am satisfied that three hundred dollars would not be sufficient to provide comfortably, for the welfare of the inmates of such a hospital. I had the charge of the construction of the building at Lexington, Kentucky, to provide for two hundred and fifty patients, under the most favorable circumstances. The whole amount of money was appropriated at one time, before a single spadeful of earth had been removed. There was no cost for the grounds, the planning, and none to lay off the grounds. There was not one single part of the house not essential to the comfort and welfare of the patients. It was in good taste for a plain building, presented a very nice appearance, but it had no architectural ornamentation whatever, not even a porch, and the cost of that building, done in the most economical style, was seven hundred dollars per capita. The plans were drawn by myself; I superintended the construction; an architect was employed to make some of the working drawings, but employed especially on account of the work and to settle matters between the contract-



ors and the Institution. Though the cost of that building was over seven hundred dollars per patient, I am perfectly satisfied that if all the conveniences and comforts that I see in other, and among the best hospitals of the country, had been provided and which ought to be provided, it would have reached about the same that we suppose necessary to provide a suitable building for lunatics now. I do not think that suitable provision could be made for less, north of Texas. I regret that such an insignificant sum should have been suggested without any details of the character proposed, because I believe it is calculated to do a great deal of injury. There are penurious men who sometimes get control of things of this sort, and the testimony of one single member of this Association proclaiming that three hundred dollars per capita is enough, will over-ride the opinions of all the other members, and in some localities, may lead to very inefficient and improper provision for these unfortunates. It is in that point of view that I regret exceedingly this paper.

Now there are some points upon which we are not informed. I had intended to ask several questions at the time, but something prevented me, as to what were the size of the dormitories? How many persons were placed in the same room, &c., because that would lessen the expense very much. I suppose that the cost for providing for the insane in the Philadelphia Almshouse, would be even lower than that named by Dr. Wallace. But where is the superintendent who has had experience, who would think this proper provision for the insane? Now it may be that the patients are of such a mild character that they may be provided for in large dormitories. That lessens the expense very much. In order to determine, in our own minds, that which Dr. Wallace thinks proper, it would be necessary to know the character and plan of the structure, and of all the surroundings of his building. The Institution of which I now have charge, is a private one. The building was erected by different parties, and purchased at an enormous sacrifice from the original cost, and yet the cost of that building to the present proprietors was over \$1,400 per capita, for the small number (70) that we can accommodate, and there are things yet wanted about it which will add very considerably to the cost of the building. There is no ornamentations about it. It is a plain brick structure, with stone facings and iron porticos. It was not considered a very costly building for its size, when erected, and, as I said, was sold to the present proprietors at an enormous sacrifice. The main building itself cost \$93,000, and yet

at the depreciated price, it amounts to about \$1,400 per patient, and what should be added in addition to make the Institution complete, would add several thousand dollars to the amount. The average cost mentioned, is independent of the value of the costly and elegantly improved grounds, and five cottages available for patients. I am without personal interest in giving an opinion of the proper cost of asylum buildings, as I have no connection with any for which the people are taxed.

Dr. WALLACE. I have listened to the gentlemen with a great deal of pleasure, in much that has been said. I am never offended by frank criticism, never object to gentlemen expressing their views candidly. I regret that one gentleman departed from the usual promptings of his heart, and seemed in what he said to question my motives. I say I regret it, I do so on his account, not my own, I can survive it. I have nothing to repent of in regard to the paper or its discussion; nothing to take back. I feel that it will do good and am content. It has been repeatedly charged that my paper reflects upon the Association. Nothing was farther from my intention. I have seen it somewhere stated that the Scythian youth vindicates his claim to manhood when he arrives at a certain age by beating his mother, conduct that would find a parallel in my attacking this Association. I have tried to inform myself in regard to the specialty with which I have been immediately connected for the past five years. I have read most that has been written in this country or elsewhere, but am conscious of having received more benefit from the transactions of this body than from all other sources combined.

The next paper in order for discussion, was that of Dr. Grissom, on "True and False Experts."

Dr. WALLACE, of Texas. Mr. President, so far as the paper before the body, for consideration and remarks, was conversant about, or related to "True and False Experts,"—the subject it proposed to discuss—I listened to it approvingly in the main, and with profit, I hope. Prepared, as it evidently was, with care, all the points elaborated into a distinctness precluding the possibility of mistaking the author's meaning, I do not regard it in the best taste to go into a panegyric on the paper, which is so common in our body as to make our proceedings, not seldom, smack of the aroma of a mutual admiration society, but may remark; the paper, like everything I have seen from the same writer, bears the evidences of labor and research.

The paper, however, speaks for itself. The members heard it, and will draw their own conclusions. There is much to be said on almost every phase of the whole subject. The fact is, medico-legal jurisprudence in relation to this subject, is in a most chaotic condition, and so far as I am individually concerned—I speak only for myself—I could have wished the writer had dwelt more *upon the principles that underlie and the rules that obtain, the modification to which, in individual cases, these general principles and rules are subject, the cautions to be observed, &c., &c.*, and less in the *maledictory*, in regard to those the author complacently hands over to infamy as *selling their tongues for a price, and coining their brain into gold*; for, Mr. President, society is largely responsible for all this sort of thing. Our system of judicature tolerating corrupt litigation, the demand—human nature remaining what it is—will always find a supply. I say, I could have desired, therefore, less of the maledictory in general, and just absolutely nothing at all in the *way of assault upon personal character*. The personal attack upon a distinguished professional brother, may have been called for, but if so, the place for it was not, I take it, within the precincts of a scientific body. I do not know, except through his works as an author, the gentleman so ferociously attacked. I do not undertake his defense; I do not propose to become his apologist. I presume him quite competent to look out for and take care of himself. But I am a member of this Association, in which he was most ruthlessly assailed, not only in regard to his scientific teachings, but as to his *personal character*; nay, worse, his theological convictions. Had his scientific teachings only been called in question, I might have been satisfied to let it pass, grossly as they were misrepresented. As I mention them, I may as well say what is in my mind, and ask for the volume and page of the distinguished gentleman's work in which he makes the statement, that the grey matter of the cord and ganglia of the nervous system of organic life, is of the same kind and has the same function as that of the cerebral hemispheres; that the automatic contortions of a decapitated frog are as much manifestations of mind as are any of the so-called intellectual acts of which man is capable; finally, that mind is as much a secretion of the brain as bile of the liver. His teachings are very similar to those of Prof. Maudsley, deemed no mean authority in Europe on psychological subjects. Cabanis is the only author within my knowledge, or that occurs to me, that ever taught that mind is a secretion of the brain; and he does not, as in the nature of things he could not, teach that mind is a secretion of the brain in the same

sense that bile is a secretion of the liver. Maudsley not only does not endorse the doctrine of Cabanis, but alludes to it only to refute it. It will be remembered that at the meeting in Nashville in 1874, a member of this body accused Prof. Maudsley of teaching this doctrine. If there is one line in either of these distinguished authors from which the doctrine can be tortured by any ordinary amount of ingenuity, I would like to see it, and I engage to put on, if I do not possess it, the magnanimous for once, and to stand up before this body and confess my ignorance. I see no good to come from such misrepresentation. But, Mr. President, I have another count in my arraignment of Dr. Grissom's paper, sadder, graver to me than all the rest. He denounces the assailed as an atheist. As to what the distinguished gentleman of New York, about whose orthodoxy the doctor is so anxious, thinks of God or his human relation to him, I know not, nor does it concern me to know. It is a matter with which I confess I have no sort of disposition to *meddle*. This is a free country. The time was when there was an Inquisition, a Torquemada; when *recant or burn* was the alternative held out to Galileo; when Giordano Bruno expired amid the tortures of enveloping flames. Servetus was roasted by a slow fire, for opinions now familiar to school-boys. These times I had hoped were gone forever. These things were the work of bigots, fighting the advancing waves of science, destined, they well knew, if permitted to advance to overwhelm them. I had hoped the time had arrived when men who claim to be imbued with the scientific spirit, and who know something of scientific methods, could no longer be induced to persecute with obloquy, and call by ugly names, intended to excite the passions and prejudices of the vulgar, their professional brethren. Science knows no such tribunal of appeal. To be sure this sort of thing is common enough and perhaps will yet be for long, among the ignorant and their religious teachers, not seldom as ignorant as themselves in all that tends to liberalize and enlarge the mind; who assume to themselves all the orthodoxy, and imagine they possess a monopoly of all religion and morals, devoutly certain they are on the *direct through* line, baggage checked to heaven, while all the balance of mankind who do not utter their shibboleth, will be eternally and inevitably damned, world without end; or, if not, God Almighty will be guilty of a great oversight. This is the spirit, Mr. President, that run no less a man than Joseph Priestly out of England, after having mobbed and set on fire his house, and scattered his library and valuable papers for half a mile. But it is some

consolation to the lovers of soul-liberty and the advocates of freedom of discussion, to know that in 1874 a statue of this great man and eminent scientist, the discoverer of oxygen and other gases, was unveiled in the city from which he had to flee for his life eighty-seven years before; that fourteen years previously one had been deposited in the museum of Oxford. Tardy it may be, but justice comes at last. History, I believe, has not preserved even the name of one of his persecutors. I must be allowed the privilege of saying, Mr. President, that I did not expect to hear a man, any man, much less one of national reputation, denounced, held up to execration; his name coupled with an ugly, *ad captandum* vulgar epithet; and for what? the enormous crime of indulging the privilege, so dear to every American heart, of exercising his private judgment. And, *mirabile dictu*, this in a body of professional brethren, which, I had supposed, had some claims to be considered a scientific one. For one, I claim the right to protest against it with all the emphasis of which I am capable. I want the public, my friends at least, to know that there is one member of this body who does not propose to be overawed by numbers, or deflected from his principles by excited clamor; who concedes to all men what he claims for himself, the right to form and to profess their own opinions on all subjects, theology with the rest, to worship God as they see proper, or not at all, as they please. Here I take my stand, and come what may, persecution in shape of fire and loss of goods as of old, or in shape of obloquy and abuse as is more fashionable of late, while I live, so help me God, I propose to stand just here. I would be understood, if the distinguished medical gentleman of New York has incurred the displeasure of, or in any way rendered himself obnoxious to any member or members of this body, this, I submit was not the place to seek redress, a place where the accused could not be heard in his own defense. An open field and a fair fight I understand to be the rule in all honorable combat. It is not quite obvious why this attack should have been made by Dr. Grissom, who, it is understood, has no personal grievance of which he complains, rather than by those who, it would seem, have been assailed. It is calculated to give rise, to say the least, to *unpleasant surmises*. But perhaps I have said sufficient to place me right on the record, and this is what I desire. Less I could not say and retain my self-respect. I beg to conclude with a resolution, to which I do not expect a second, and seconded, not a single vote, except my own.

*Resolved*, That the members of the Association of Superintendents of American Institutions for the Insane, listened to the personal



attack upon a professional brother of New York by one of their members, Dr. Eugene Grissom, of North Carolina, with unmixed regret, as out of place and as calculated to do no good, but on the other hand to stir up strife and confusion, and therefore contrary to the spirit of science and the benevolent and humane work in which they are engaged.

The resolution was, on motion, laid on the table.

The Vice President, Dr. WALKER. The next paper to be discussed is that of Dr. Bucke, on the "Moral Nature and the Great Sympathetic."

Dr. CHIPLEY. I will make a single remark that I was very much interested in the paper, and will not question the fact that the Jewish people have an average duration of life beyond that of the Gentiles; but I am not so sure that the Doctor's conclusions are accurate about the high morality of the Jews, as compared with that of the Gentiles, if they were to be placed on the same platform. While the Doctor holds that this protracted life of the Jew results from his high morality, one might say that it depended upon the fact that he does not eat pork. It might depend much upon the diet, and the lessened liability to certain diseases by circumcision. It is likely the Jews are less liable to disease than the Gentiles, and so in reference to other matters. But I do not think it can be shown that it is on account of their high morals, uncombined with other causes. I think their diet and their course of living, as required by their religion, has more to do with their long living than their high morals.

Dr. SMITH. I was very much interested in the paper. It was a very elaborate one, but it seems to me that if the Doctor's views of intellect and moral nature be correct, and if the faith of the savage is fully as great as that of the Christian, and that of the Jew greater than that of the Christian, it subverts our theological propositions since the birth of our Savior. The Doctor appealed to the great leader of the Apostles for evidence.

Dr. BUCKE. You will pardon me, but he did not write the Epistle to the Hebrews.

Dr. SMITH. How we can have proper views of our eternal conditions, and proper views of worshipping one God and of the future state, without testimony, and without appealing to the intellect, I can not, for the life of me, see. The faith of the savage, it seems to me, is a mere superstitious suspicion. Faith, we read in another part of the New Testament, comes by hearing, and that is God's

requirement. The Doctor makes it out that faith and hearing are one. How are we to believe unless our intellects and other faculties are brought into requisition? The position of the Doctor clearly was that the moral nature of the Jew was superior to that of the Christian, and I say, if that be so, then I can not see the living potency of the Christian religion. Take the sermon on the mount, it is as far from the teachings of the Jewish religion as noon-day is from darkness. It inculcates an entirely different principle, and, if carried out, would not only elevate the moral nature of man, but would make a heaven of earth.

Dr. HUGHES. I confess to much gratification at the profound analysis of the human mind made by Dr. Bucke, but in a three minutes' speech it would be manifestly impossible to enter, with any degree of thoroughness, into the discussion of so meritorious a paper. There may be another explanation of the Jew's comparative longevity, than the one given by the Doctor. The Jew has no local nationality, and has not, for the many centuries which have intervened since his overthrow at Jerusalem, been at war with other nations. He is conservative in his feelings, and his emotional nature is not much disturbed by the turmoils and conflicts of life. He lives to accumulate money, and enjoy the substantial and quiet luxuries of life; he likes his home and his family; he is domestic and contented in his nature. His energies and vitality are not overtaxed and exhausted by restless and fruitless ambition. He is free from much of the killing fret and worry of life. His good sense in preferring substantial prosperity, and quiet happiness, to fame and renown, have as much to do with his long life as his unquestionably fair morals. I would not like to say his morals are better than the Christian's.

Dr. WALLACE. When that grand old man, Michael Faraday, was asked to what branch of the church he belonged, he replied, I belong to a sect known, where known at all, as Sandemanians, and as I have the honor to belong to an obscure sect known, where known at all, as Baptists, I hardly suppose I shall be suspected of doubting inspiration when I state that I do not think inferences from Scripture should be allowed to be brought in here against the deductions of science. Let us follow the example of the great man just alluded to, who tells us that when he went into his laboratory he shut the door, there he was a scientific man, coming out, he closed the door after him, and assumed his religion. The meaning of which I take to be that he did not mix his religion with his science. I always listen with great interest to anything

from Dr. Bucke, whether I agree with his positions or not. He is a clear thinker and an incisive writer, always entertaining and frequently highly instructive.

On motion, the Association adjourned to 8 P. M.

The Association was called to order at 8 P. M., by the President.

The Committee on stenographic reports of the proceedings made the following report:

The Committee to whom was referred the subject of stenographic reports of the proceedings of this Association, respectfully present the following report: That the Secretary of this Association be instructed to procure the immediate translation of the reporter's notes, so that the members may have them in their hands within one week after the adjournment of the Association, for correction, and for this purpose the Secretary is hereby authorized to secure the assistance of a reporter, or reporters, to accomplish this object. The Committee would also recommend that the Secretary be authorized to procure the services of reporters at or near the place of meeting, if practicable, so that expense in this direction may be limited to as small an amount as possible, consistent with perfecting the work.

WALTER KEMPSTER,  
CHAS. W. STEVENS,  
H. BLACK,

*Committee.*

On motion of Dr. Gray, the report was adopted.

The SECRETARY. The Secretary would like to make one remark, that heretofore the whole difficulty in connection with the report, has been with the members. The reporter has always furnished the minutes at an early day, but many of the members have held the notes sent them in their possession, sometimes for several weeks. If the members would return the manuscript after examination within two or three days, there would be no difficulty in having the whole proceedings in print at an early day. The fault is not with the stenographer nor with the Secretary, but with the members themselves.

The President announced as the third member of the Committee on Business for next year, Dr. Callender.

The paper of Dr. A. E. Macdonald was then taken up for discussion.

DR. GRAY. Mr. President, I was not familiar with the first case reported by Dr. Macdonald, but I am with the second one, the Grappotte case, and I recognize the clearly outlined history which he gives. I examined the man sometime previous to the trial, and shortly after the homicide. I am well satisfied, as the Doctor has remarked, that the act was one of sudden violence, from bad temper, in a bad tempered man. The man was so ignorant that he could neither read nor write, and was intemperate. His history, as given to me then, was that of a quick tempered man, and of violent outbreaks at various times. I have always doubted whether in stabbing Hoover, Grappotte really intended to kill him. He was a very strong Catholic and devoted to his children. I think three had been drawn away from the church, and among them the boy then with him, and he told me that he believed Mr. Hoover was the man who got the children into the Protestant church, and that the remark made by Mr. Hoover whom he stabbed, was, "there is one Christian in the family any how," referring to the son who was with Grappotte. As Dr. Macdonald has said, there was a great deal of feeling manifested in regard to his insanity by some, and his sanity by others, but I think the general impression was that he was a sane man. The post-mortem examination made by Dr. Deecke was very carefully done, and at the request of the coroner. Subsequent microscopic examinations confirmed the history of the case. In New York State for the last two years, we have had several trials, and there has been a pretty general disposition to employ experts of experience, in connection with such local medical practitioners as may have had familiarity with the individual and his surroundings. In looking at the question of expertness in connection with the paper of Dr. Macdonald, and of which he has spoken, I can hardly see how any other rule can be adopted than that of calling the physicians who have personal knowledge of a man who is tried in their neighborhood. In this case, for instance, one was his family physician. The law in New York recognizes any physician as an expert, to the extent to which his knowledge rests upon practical experience. Under certain rulings of the higher courts any physician may be asked the question whether from the facts stated, or

the facts known and stated by him, he is prepared to give an opinion of the mental condition at a certain time, that may cover the period of the homicide, and you can all understand that having asked that question, the next one follows, what that opinion is, and on the cross-examination they are drawn out as experts. I think mistakes arise largely from calling speculative experts. I have heard a great many physicians say, both off and on the witness-stand, that they did not hold themselves as experts in insanity. I heard this from a very prominent medical man in Buffalo, recently. He said in the case of epilepsy, I alluded to the other day, that he was prepared to answer in proportion to the experience he had, but that he did not hold himself as an expert in the higher sense of expertness in *such* cases. This physician is an eminent expert in another department. I think it is the disposition of the best general practitioners to take this course. The Grappotte case, I think, was very thoroughly analyzed by Dr. Macdonald, and I am glad that he has given a report of it. A full analysis of such important cases tends to instruct not only the professional man, but the public generally, and to show to persons unfamiliar with these things how difficult and how responsible a position an expert takes, when he goes upon the witness stand.

Dr. HUGHES. I suppose that any gentleman, who has been much before the courts in these criminal cases, has had an experience somewhat similar to that of Dr. Macdonald. I know that my experience has been like his. It often happens that the courts and juries in determining upon the value of expert testimony, regard the number of witnesses, rather than the kind of testimony. Sometimes when three or four physicians who have had none of that practical familiarity with the insane, which we all recognize, and which the great Esquirol years ago pronounced as essential, to a correct knowledge of insanity, give a certain opinion in a case, they take this numerical testimony as preponderating, regarding that of all physicians of like weight. Dr. Stevens will recollect a case very much in point, that of Connolly who murdered a fellow convict in the Missouri Penitentiary some years ago, under the delusion that his bread was poisoned. It was this convict's duty to serve the bread to the prisoners. He had never done this prisoner any harm, and had done nothing whatever to incur his envy, dislike or animosity. Connolly secreted a knife several days before the occurrence and stabbed this man while he was serving him with what Connolly insanely imagined to be poisoned bread. It was a case of clear



delusion, and he was sent to the State Asylum at Fulton. He had been condemned to be executed for the murder of a woman, with whom he boarded, under the delusion that she had poisoned his food. They brought me from the Asylum to the Capitol to testify and to examine the prisoner. When I saw him I was soon convinced that he was insane. In court I was confronted with the testimony of the warden of the penitentiary, that the man was not insane, and the testimony of medical gentlemen in the vicinity who saw no insanity in him. The result was, the number being against me, the man was convicted. The prisoner had said also that the next man he intended to kill was the doctor of the penitentiary, because he had furnished the poison. Now the physician of the prison was cognizant of this fact; he was an intelligent gentleman, but lacking that practical knowledge of psychiatry, which none but experienced men know how to value, to form a correct estimate of mental action, concluded because this patient was not a raving maniac or a melancholic or absolutely demented, that therefore he was not insane. Well, the sequel was that this man was condemned and sentenced. The Governor, having some confidence in my opinion, selected a commission to pass upon the man's sanity. That commission consisted of Dr. Stevens and two other gentlemen of the State of Missouri. The consequence was that he was sent to the Missouri State Lunatic Asylum, and after from four to six months, while controlled by this same delusion and in constant fear of being poisoned by those about him, he committed suicide. This is one example that has occurred in my own experience. I know of another instance where the individual was regarded as not insane. He died in jail pending the effort for a new trial. It does not always follow that practical familiarity with mental aberration gleaned by long observation of the insane, gains the confidence of courts and juries. There are not wanting those who even make the foolish and wicked argument that knowledge of insanity impairs the power to judge of its symptoms.

Dr. EASTMAN. A case has lately come under my observation which illustrates that part of Dr. Macdonald's paper which referred to acts of violence committed by persons not regarded as dangerously insane. In the spring of 1872, a man was arrested at Worcester for some petty offense, but, as he proved to be insane, was sent to the hospital. His insanity was undoubted, he had delusions of a general and of a religious character. He eloped after three weeks' residence and seemed so quiet at home that he was allowed to remain, although his insanity was recognized and

he was known as "Crazy Jim." Early one morning last summer he passed a neighbor's house in which was an old lady, entirely bed-ridden from ankylosis of nearly all the joints of her extremities. He went into the house and, seeing her alone in bed, proceeded to exorcise the evil spirit with which he thought her possessed, by breaking all her limbs, throwing her upon the floor and stamping upon her, inflicting such injuries that she died in a few hours. She herself, upon her husband's return, told him that she had been injured by "Crazy Jim." The man was indicted for murder, but the Court being satisfied of his insanity ordered the prisoner to be sent to the hospital for life, unless discharged by the same Court or some Justice thereof.

DR. CARLOS F. MACDONALD related a case which had come under his observation. (This will appear in a subsequent number of the JOURNAL).

The President announced as the next paper for discussion that of Dr. Camden.

DR. HUGHES. I do not rise to discuss Dr. Camden's paper, but to supplement it with the statement that it was a member of this Association who, in this country, first translated Griesinger, Dr. Worthington; that another member of this body first translated Schroeder Van der Kolk, Dr. Workman; and another who gave us one of the two first books ever published in the United States on Diseases of the Brain, Dr. Brigham; and that some of the best contributions to mental pathology in the English language, of late years, have come from living members of this Association, Drs. Ray, Gray and Kempster.

I am glad the subject of aphasia has been brought to the attention of the Association, since the paper I have to offer is on that subject. The caption of my paper might properly be Aphasia or Aphasic Insanity. This lesion, within the last few decades, has been brought quite prominently before the profession, and I know of no subject of more importance in its bearings on certain recently mooted questions in cerebral physiology, touching the localization of function. Our faith in the conclusions of Fritsch, Ferrier, Hitzig and Bartholow, and their laurels may be somewhat dimmed or brightened according to the conclusions finally reached on this subject. I believe in the localization of cerebral function, but there are many who, like Broca, before his conviction, are still skeptical, and strenuously contest the evidence of overwhelming

facts. You will recollect, Mr. President, the circumstances under which M. Broca, who had been an opponent of the teaching of Bouillaud, became a convert to the doctrine of a speech center, having its location within the brain, and the famous challenge made by M. Aubertin before the Anthropological Society, of Paris, in regard to one of Broca's patients, then in the hospital for incurables, deprived of the power of speech, and how the confident Broca, accepting Aubertin's challenge, subsequently found the lesion in his patient's head to occupy the left anterior lobe of the cerebrum, renounced his former views, and located the seat of aphasia in the convolution which now bears his name.

The subject of aphasia may often acquire important medico-legal significance, as was the fact with the case I am about to read. The question of mental competency to do certain acts, such as the signing of important papers, and the conveying of power of attorney, may arise. A question as to the degree of concomitant mental impairment, if any, will almost invariably be raised, if important acts are performed by these patients, involving great pecuniary interests, or questions of responsibility to law are in question. Aphasia may be simple and uncomplicated, or complicated with hemiplegia, imbecility or insanity.

Dr. Hughes then read his paper on Aphasia or Aphasic Insanity, being the notes of a medico-legal case lately before one of the courts of St. Louis, in which different views were held by experts as to the mental capacity of an aphasic person.

At the conclusion of the reading, Dr. Hughes said:

I have not read these notes for the purpose of having them published, (though he has since reconsidered the matter, and the case will appear in the *JOURNAL*) but simply to lay before you what I consider a case of unusual interest, one of the most interesting that has ever come under my observation. Dr. Stevens and myself who entertained equally honest opinions on the subject, held opposite views. It was a perplexing case, but I felt, from a careful scrutiny of all the testimony, from the fact that Bevin had an adequate external motive, and that for a rational purpose he had learned within four months after his attack to write with his left hand, a thing he could never do before; from the testimony as to his appreciation of the nature, purpose and contents of the document he signed, the infrequency of his singular acts, and they

mostly the result of his paralyzed condition, or explainable in consequence of it; and the fact that the signing of the deed of trust was in pursuance of a purpose formed before his affliction, that he was in a sufficiently rational state of mind to appreciate the nature and purpose of the act of signature.

Dr. STEVENS. I am very glad that Dr. Hughes has presented this case to the notice of the Association. It is a case that excited a great deal of attention, on account of its giving rise to a civil suit in St. Louis. In contemplating this case the Doctor has brought to view the three conditions of this man. In the first place, he dropped on the streets from a stroke of apoplexy, perfectly paralyzed in mind and body. In that condition he was taken home. Dr. Hughes does not deny that he was perfectly paralyzed, that he had a perfect loss of mind and was carried home in that condition. Then again has the man recovered his mental faculties, apparently and perfectly, so far as we could judge of his mental condition? Dr. Hughes represents him as in this condition at the present time. Then an intermediate condition, which he does not state as I understand it, but he represents him in a state of complete recovery, to which he passed from that perfectly prostrated condition, leaving his body paralyzed from hemiplegia. Now the question for us to investigate as medical experts is this, was his mind sound enough at a certain time to be trusted with business? Now remember this man was prostrated and laid for weeks unable to feed himself or express a thought, or to attend to the proprieties and decencies of life. This condition continued for several weeks. He had occasion to sign a deed of trust on his property, whereby it would be involved to the extent of five thousand dollars. The question is whether the man was sound enough in this condition, to transact business. Dr. Hughes has admitted in his paper that about the time of the signing of these notes, there were certain indications of his mind being out of order. He could say one word only "nin, nin." He can say no more than that now, although he is recovering his mind. It was a perfect case of aphasia and agraphia; then he communicated by signs, and has acquired the tact to communicate in that way. The question for us to determine then, was, whether he was competent, and the Doctor and I have been on opposite sides, but I gained the case, I believe, and the Court determined from our testimony.

Dr. HUGHES. You had the jury.

Dr. STEVENS. It was determined that this man was not sound enough. It was contended that the man was strong enough, that

he had sufficiently recovered his strength in three or four months. It is true, as the Doctor says, that he knew he was signing a deed of trust, but was he able to carry on this transaction? It was testified that he would spit in his plate at the table, and that he did not observe the proprieties of life. That he was partially restored at this time I will agree. There were other indications of his mind being out of order, that were indisputable. I would like to point out these, but I have not the time.

Dr. COMPTON. Was this transaction all right in itself, or was it one of doubtful expediency?

Dr. STEVENS. It was a perfectly proper transaction. At the time of this attack he was engaged with another person in building a row of houses. He was to furnish five thousand dollars and his partner five thousand dollars. Then this affliction came upon him, and certain parties were interested, and others were not interested, in his carrying this out. Those who were interested were not idle, for in the meantime he had been taught to write his name, and they are the only words he can read or write at this time.

Dr. HUGHES. He wrote several things for me and I have them in his own handwriting.

Dr. STEVENS. That did not appear in court. I have tried over and over again and could not get anything more than his name.

Dr. HUGHES. I have other writings.

Dr. STEVENS. So far, so good. That was tried by his family physician. They tried to teach him to read and write, and could not succeed, except in the writing of that one word.

A MEMBER. Could he read and write before this stroke?

Dr. STEVENS. He could read and write; he was a master carpenter. He was not well-educated, but if not, he was successful in his business. It would have been well to have gone farther into the subject, but that was all investigated in court. We were all examined on these points, on thrombosis, theory of injuries, the convolutions, the theory of aphasia and agraphia, and so on. I have tried not to misrepresent Dr. Hughes in any respect. We have always had friendly discussions on this subject, and I do not believe we will differ widely, except as to his condition at this time.

Dr. HUGHES. I testified to his writing in court.

Dr. STEVENS. I admit that then, but if I ask him to point out Missouri to me on a map, he can not tell it by the name. If I write Missouri, he can not tell what I mean. If I take a map and show him where Missouri is, he can find it. He has a complete loss of ideas, of written or spoken language. He comprehends what is spoken to him, but he can not speak, neither can he write.



Dr. A. E. MACDONALD. It seems to me that the question in this case was not so much of sanity as of sufficiency of mind, and that there is nothing about the particular act in question to indicate insufficiency. The contracts of even undeniably insane persons are valid, if they are shown to be reasonable, and advantage has not been taken of the fact of insanity; and this act is admitted on both sides to have been a reasonable one, advantageous to the patient, and one upon which he had determined before his mind was at all affected.

Dr. HUGHES. I testified that the man was not able to stand any great mental strain—that I did not consider that he was able to pursue the business of builder, but that he had sufficient mental power to appreciate the quality of that act. That is the question. When it comes my turn to remark on this subject then I will explain.

Dr. STEVENS. I differ with him, that he did not have sufficient mental capacity to transact business. He knew what he was doing, and I believe he knew he was signing a note and a deed of trust. The question was whether a man in that imbecile condition of mind was competent to do that. At first, after the seizure, there was a complete loss of mind. Could that man recover sufficiently in the time mentioned to transact business? Although he may have known he was signing a deed of trust, was he so far recovered as to be trusted with the business of that note? Now I think, in murder and many other cases, it is admitted that though the person knows what he is doing; that is no evidence of his being perfectly sane. Insane men know when they commit murder. Here it is the signing of a deed of trust, and it was held that he was not responsible enough to do so. It was established beyond doubt by three physicians, and by the Catholic priest who visited him for months after that attack, that they all regarded him as weak and imbecile in mind.

Dr. KEMPSTER. Would the man understand the paper himself after reading it? Did he have the paper before him?

Dr. STEVENS. He can not read, but can understand what is read to him.

Dr. HUGHES. I will explain to the Doctor that no intelligence seems to reach his mind through vision, but by hearing parties he illustrated to my mind always a proper responsibility.

A MEMBER. Does he take any interest in his business?

Dr. STEVENS. No, sir; he does not now, or he did not a little before that time.

Dr. A. E. MACDONALD. I understood that he appreciated the nature of this action and its results, but it seems I was mistaken.

Dr. C. F. MACDONALD. If the action had been one of homicide instead of signing a deed of trust, would Dr. Hughes have regarded him as responsible?

Dr. HUGHES. If it had been an insanely homicidal act, I should not have regarded it as a responsible act, but if the nature and circumstances of that act had all the appearance of a sane act, and directed to a proper object, and executed in a rational manner, I should have considered it a sane act. Simply because he had hemiplegia and aphasia I should not consider that he could not have acted rationally. To sum up in brief the considerations which led me to the conviction that this man appreciated the nature and quality of that act, I will say that he contemplated placing this deed of trust upon this property when he was perfectly well; and after four months he executed the deed that he had contemplated; that for that purpose he had learned to write with his left hand. Now he had learned this difficult task of writing with his left hand in two or three months, (which I do not believe I could do myself), and the paper was read all through to him. It was in evidence that he appreciated what was read in his hearing, that when the description of the property was made he nodded assent, and pointed with his left hand to it in the deed of trust. After that he pointed to other property and shook his head. Then with his left hand he attached his signature with a bold hand to that document, and it was properly witnessed as well as subscribed. Now it occurred to me that this was strong evidence, as the signing of the deed of trust had been previously talked about and intended. He carried out a rational act for a rational purpose—to secure money and carry out plans made before his affliction. Having known all this and that these peculiar acts testified to were not habitual, and occurred not more than once or twice, and were all explainable by his paralysis or in consequence of it—not insane *habits*—I believed that he appreciated the nature and purpose of that act of signature. I testified that the man was not able to stand any great mental strain, that I did not consider that he was able to pursue the business of building, but that he had sufficient mental power to appreciate the nature and quality of that mental act. That was the question. Now it is easy to conceive how a person with one-half of the face paralyzed might once or twice, as the testimony states, and soon after the stroke, have spat in his plate without having intended to do so, and with

his face all awry have appeared to others once or twice to have made grimaces in the glass. His habitual expression, with one-half of the face paralyzed, was a sort of grimace, and any attempt to discover to himself in a glass the extent of his paralysis, would have appeared as a grimace. These are not the habitual acts of the insane. They do not seek looking-glasses in which to make grimaces. It would have been insane in him not to have shown his recognition and appreciation of his situation and surroundings upon going into the parlor. The bowing to pictures, once or twice, seemed natural enough under the circumstances. He made no grimaces at *them*. It did not appear in the testimony whether he spat in his plate or suffered the saliva to dribble in it, but the important fact with reference to all these acts regarded by the family as strange, is that they did not occur more than once or twice. Had these indecorous and unusual acts been of repeated occurrence I should have come to a different conclusion. If mental disease caused them instead of the paralysis, they would not have ceased after being repeated one or twice.

On motion of Dr. Gray, the papers under discussion were laid on the table.

The committee on resolutions made the following report, which was unanimously adopted :

At the close of its thirty-second annual meeting, and of its fifth visit to the city of Washington, the Association of Medical Superintendents of American Institutions for the Insane, desire to place on record the following resolutions, viz :

*First.* That the proceedings of this meeting, and the personal intercourse of its members, give new evidence of the great value of the Association as an important element in advancing the best interests of the insane, of detecting and exposing error, and establishing on a permanent foundation the most enlightened and humane system of treatment for this class of our afflicted fellow-beings.

*Second.* That this Association has had great satisfaction in visiting and carefully inspecting the Government Hospital for the Insane, giving, as it does, renewed evidence of the liberality and humanity of the public authorities in their generous provision for these unfortunate wards of the nation—and especially as showing very strikingly the fidelity, economy and ability with which the

appropriations heretofore made for its buildings and support, have been used on all occasions.

*Third.* That while recognizing the high position thus far deservedly held by this Hospital, which ought ever to be in all respects the model institution, to which the different States could look for a safe example when about making provision for their insane—the Association is reluctantly compelled to refer to an existing and obvious deficiency, which is sure to seriously impair its usefulness and lower the high standard of character which it has heretofore maintained.

*Fourth.* That the defect just alluded to consists in its greatly crowded condition, rendering impracticable the best matured plans of treatment, and certain to show in the future, in a still higher degree, the great and serious losses that must be sustained by this unfortunate condition of its wards.

*Fifth.* That this Association firmly believes that all these deficiencies and defects, can be remedied by the prompt provision of additional accommodations, which no plea of expediency could justify being made anything below the highest standard, long since adopted by this Association, and it would therefore, most respectfully commend the subject to the earnest consideration of the representatives of the people for whose benefit, this noble Hospital has been established, as one demanded by the strongest claims of an enlightened humanity and a true economy.

*Sixth.* That our thanks are due, and are hereby tendered, to Surgeon General Barnes, and Surgeon Huntington of the army, for the opportunity to inspect the admirable arrangements of the Barnes Hospital, at the Soldiers' Home, and especially its efficient system of forced fan ventilation, the entire success of which seems to be all that could be desired.

*Seventh.* That in common with all who appreciate the highest scientific attainments, joined to a purity of private character, that could not be surpassed, and the remarkable devotion of a long and laborious life, to the welfare of his fellow-men—this Association deploras the death of the late Joseph Henry, Secretary of the Smithsonian Institution. Especially is this so, from the great interest he always manifested in the welfare of the insane, his valued labors as one of the official visitors of the Government Hospital for the Insane, and for the many courteous attentions and valued services, for which this Association, and many of its members feel personally indebted.

*Eighth.* That the thanks of the Association are due, and are hereby tendered, to our esteemed colleague, Dr. Godding, for his unceasing efforts to make our stay in this city pleasant and profitable, and to all, who, as public officers or private individuals, have invited us to visit places of general and special interest, and for all courtesies extended; and we regret that our limited time has prevented our accepting so many of these invitations.

On motion, the Association adjourned to meet in Providence, R. I., on the second Tuesday of June, 1879, at 10 o'clock A. M.

JOHN CURWEN, *Secretary.*



## INSANE PATIENTS AND THEIR LEGAL RELATIONS.

BY FOSTER PRATT, M. D., KALAMAZOO, MICH.

The resolutions, declaring, from a medical stand-point, some of the legal relations of insane patients, which were adopted by the American Medical Association, at its late meeting in Buffalo, if carefully studied, will be found to have an important bearing on the medical jurisprudence of insanity. These resolutions are a deliberate declaration, by the representative body of the medical profession of the United States, of certain fundamental propositions, the intrinsic influence and force of which, as well as of certain logical and necessary deductions therefrom, will (it is hoped) be seen and felt in the establishment, in our country, of the legal relations of insane patients, on a basis in harmony with all just notions of the personal liberty of the citizen, and more than now in harmony with scientific and humane ideas respecting the early and efficient treatment of the disease.

These resolutions declare—

*First.* That insanity is a disease; and

*Second.* That personal restraint is an essential element of its therapeutical treatment.

*Third.* They also concisely state the distinction between the medical and police cases of restraint.

*Fourth.* They declare that proof of insanity justifies the therapeutical restraint of the insane person, with a view to his cure, just as fully as proof of his dangerous conduct justifies that police restraint which is intended to prevent injury, but not to cure disease.

*Fifth.* They declare that the natural or legal relation out of which arises the duty or the legal responsibility of relatives to care for a sick or insane relative, implies and involves their corresponding natural or legal right to perform that duty. From these doctrines we may derive this important *corollary*: From the natural or legal duty of relatives to care for their sick relative, we deduce (*ex necessitati rei*) *the right of the sick one to receive the care*; and the proper performance of this duty by the relatives, according to this right of the patient, *can not be a violation of the patient's rights of personal liberty.*

*Sixth.* They declare that in the care of the sick or insane, the legally regulated private hospital is *the legal equivalent of the home*; that in such hospital, and by its officers and physicians, as their legal agents, the relatives, at their own or the patient's expense, perform, better than is possible at home, their duty to their sick.

*Seventh.* While these resolutions recognize the power of a Legislature to prescribe the conditions (imperfect, unwise or even barbarous though they may be), under which patients, who are a public charge, shall be received in a Hospital or Asylum owned, controlled and supported by the State.

They furthermore declare, *the natural and absolute right of relatives*, with or without statutory permission, to treat a private patient, at their own cost, at home or in a proper hospital, but subject to such and only such statutory and judicial regulations as are necessary to prevent neglect or to punish abuse.

*Query.* Now, between that legal point where duty and right to care for a sick relative *begin*, and that subsequent point, in the legal history, where neglect or abuse *may be legally investigated*, a broad legal gap is

apparent, within which these resolutions clearly imply, if they do not distinctly assert, the right of relatives to *perfect freedom of action* in their care for their sick; and within this field, thus defined, they question the existence of a Legislative right or power to so regulate or restrain responsible relatives in the performance of their duty, as to destroy or materially to abridge *their freedom of action* under their natural rights to do their duty to their sick according to the promptings of natural affection and domestic delicacy, the nature and necessities of the disease and the requirements of an enlightened humanity. To illustrate: If a wife or daughter be delirious, or in a stupor, from fever, can the Legislature lawfully challenge the right of a responsible husband or father to call a physician—to call *any* physician—to treat her disease? If the nature of her disease or the conditions or surroundings of his home compel her removal to a legally recognized public or private hospital, and to the care of other physicians, can the Legislature or a Court lawfully interpose its power, and declare that this shall not be done except with her consent, which disease renders her legally unable to give or withhold, or, with the consent of a Court or jury which, it is true, may be given or withheld according to a *statute*, but not according to an intelligent appreciation of the medical and real necessity? When, in her delirium, she needs restraint, can the law-making power stay the hand of the husband or father (legally responsible for both neglect and abuse), from doing his duty in the restraint of his loved one, *under his inherent right to do it and her inherent right to have it done?* And if the right of relations to freedom of action, at home, when one of their circle is delirious, be not subject to statutory restraint, how are their legal rights changed by calling the disease insanity, which, in effect, is but a prolonged de-

lirium, or by removing the patient to a proper hospital, which, for the sick, is the legal equivalent of the home?

It is a legal maxim (and common sense too) that the exercise of a national or constitutional right can not be destroyed or materially abridged by statutory regulation. The law of Illinois requires a husband or father to drag a sick and insane wife or daughter, for many miles perhaps, and in any weather, before a judge and jury, that her insanity may be judicially determined or decided, before she can be properly treated or restrained of her liberty. Of such a law, we ask,

*First.* So far as it prevents, or denies, or delays treatment of the insane, in a *public* hospital, is it not cruel and inhuman, even if it be lawful?

*Second.* So far as it prevents or delays their treatment in a proper *private* hospital, is it not in derogation of a great natural right, and, *quoad hoc*, is it not *null and void*?

*Query.* Would it not be wise as well as humane, that States should consider their State asylums to be *public* as to all patients who are wholly or partly a public charge; and *private* as to those whose cost of maintenance is defrayed by themselves or their friends?

The recognition of such a distinction, on such a basis, by States, where private hospitals are absent or scarce, would tend to so shape the legislation that regulates admission to the asylum, as to bring it more in harmony with scientific and humane principles.

And would it not also be wise to insist, at all proper times and in all proper ways, that, in addition to the medical certificates, *State surveillance* of all asylums, whether public or private, is a *sufficient means* and the *best way* to prevent all deliberate or intentional abuses of the personal rights of patients, and an efficient agency also to rectify mistakes of judgment, if any occur, in the admission or retention of patients.

## SUMMARY.

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—The Twenty-Ninth Annual Meeting of the American Medical Association, convened at Buffalo on Tuesday, June 4, 1878. On the evening preceding, a meeting of the Association of Medical Editors was held at the same place. Dr. John P. Gray, Editor-in-Chief of this JOURNAL presided and read a paper, which was an "Abstract of the law of New York State, in regard to the Commitment of Insane to Asylums, their detention and discharge, compared with the Statutory provisions of England."

In the American Medical Association, the Section on Medical Jurisprudence and Psychology, was presided over by Dr. Walter Kempster, Superintendent of the Northern Asylum for the Insane, Oshkosh, Wis., who read a paper on General Paresis, at its second session. At another session, Mr. Theo. Deecke, Special Pathologist of the State Lunatic Asylum, at Utica, read a paper on "Microscopic Examinations of the Nervous Centers." Dr. Kempster also read a paper before the General Association, on "The Relation of Pathology to the so-called Motor Centers." The following resolutions, which had been offered before the Section on Psychology, by Dr. Foster Pratt, of Michigan, and referred to the Association, were adopted by that body:

*Resolved*, That the personal restraint of the insane is an essential element of the medical treatment of their disease, the use of which as a therapeutical agency, may be justified by their insanity, just as the use of it, as a police agency, for the prevention of injury to person or property, is justified by their dangerous conduct.

*Resolved*, That while none question the necessity for specific statutory provisions for the proper restraint of insane persons who are wholly or partly a public charge; we maintain,



That, so far as it is the natural or moral duty of relatives and friends, it is also their natural and inherent right, whether declared or undeclared by statute, to restrain and to care for their sick or insane relative as a private patient, at his or their expense, in his or their home, or in a legally recognized and regulated hospital; and,

That the exercise, by them, of so much restraint as is essential to the proper treatment of his disease, is not a violation of his right of personal liberty; and,

That their duty and right, in this respect, are subject to State surveillance or legal regulation, only so far as may be necessary to prevent the neglect of the duty, or to punish the abuse of the right.

Dr. Wm. M. Compton, of Mississippi, was elected Chairman of the Section for the coming year, and Dr. L. M. Eastman, of Maryland, Secretary.

—The new State Asylum at Pontiac, Mich., Dr. H. M. Hurd, Superintendent, will be opened for the reception of patients on the first of August, proximo.

—Dr. H. D. Gardner, of Utica, a graduate of the Bellevue Hospital Medical College, has been appointed Second Assistant Physician to the State Asylum at Pontiac, Mich.

—Dr. G. A. Shurtleff has been re-elected Superintendent of the Stockton (Cal.) Insane Asylum.

—Sir James Cox, Commissioner in Lunacy for Scotland, died at Folkestone, on the 11th of May, 1878. For more than twenty years he held that important position, devoting himself zealously to the interests of the insane. Early in the present year he published an able and interesting article on "Lunacy in its Relations to the State." His death was sudden and unexpected, and will be learned with profound regret by all interested in the insane, both in this country and abroad.

—Dr. Robert Gardiner Hill, the well-known advocate of non-restraint, died at his residence in London, on the 30th of May, last.

—Owing to the extent of the Proceedings published in this number of the JOURNAL, we omit the Notices of Books, Asylum Reports, &c., which will appear in the next issue.

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BOOKS RECEIVED.

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*Commentaries on the Lunacy Laws of New York, and on the Judicial Aspects of Insanity at Common Law and in Equity, including Procedure, as Expounded in England and the United States.* By JOHN ORDONAU, LL. D., State Commissioner in Lunacy, Professor of Medical Jurisprudence in the Law School of Columbia College, and Author of the Jurisprudence of Medicine. Albany, John D. Parsons, Jr.: 1878.

*Insanity in Ancient and Modern Life, with Chapters on its Prevention.* By DANIEL HACK TUKE, M. D., F. R. C. P. L. London, Macmillan & Co.: 1878.

*Physics of the Infectious Diseases.* By C. A. LOGAN, M. D. Chicago, Jansen, McClurg & Co.: 1878.

## REPORTS AND PAMPHLETS RECEIVED.

---

*Tenth Annual Report of the Inspector of Asylums, Prisons and Public Charities, for the Province of Ontario, for the year ending September 30, 1877.*

*Ninth Annual Report of the State Board of Health of Massachusetts: January, 1878.*

*Report of the State Commissioner in Lunacy to the Legislature, on the relations of the State to the Society of the New York Hospital.*

*Annual Report of the State Commissioner of Lunacy: 1877.*

*Lunacy in its Relations to the State.* By SIR JAMES COXE, M. D., &c., Commissioner in Lunacy, Scotland.

*The Scientific Basis of Delusions.* GEO. M. BEARD, M. D.

*Old Age; its Diseases and its Hygiene.* LUNSFORD P. YANDELL, M. D.

*Eulogy upon Lunsford P. Yandell, M. D.* By THEO. S. BELL, M. D.

*On the So-called Eczema Marginatus of Hebra.* L. DUNCAN BULKLEY, M. D.

*Are Eczema and Psoriasis Local Diseases of the Skin, or are they manifestations of Constitutional Disorders?* L. DUNCAN BULKLEY, M. D.

*Zur Entwicklungsgeschichte des Vorderdarms.* Von Dr. ALBERT SEESSEL, Memphis.

*A Case of Syphilitic Aphasia.* L. P. YANDELL, JR., M. D.

*On the Operations for Traumatic Colobomata of the Eyelids.* H. KNAPP.

*Spinal Irritation in Children, as related to True and False Arthropathies.* V. P. GIBNEY, M. D.

*Journal of Insanity.*

*On the Operation Treatment of Vascular Tumors of the Eyelids and Anterior part of the Orbit.* H. KNAPP.

*Contributions to the History of Medical Education and Medical Institutions in the United States of America, 1776-1876.* Special Report prepared for the United States Bureau of Education. N. S. DAVIS, A. M., M. D.

*Report on Dependent and Delinquent Children to the Conference of Charities:* 1877. WILLIAM P. LITCHWORTH.

*Bathing, Cupping, Electricity, Massage; A Comparison of their Therapeutical Effects.* DAVID PRINCE, M. D., Jacksonville, Ill.

*Notes on the Relations of Uterine Disease to Insanity, and the Treatment of Uterine Displacements.* JOHN LAMBERT, M. D., Salem, N. Y.

*A Communication to the Mayor of New York in regard to the Official Charities of the City:* from the Commissioners of State Board of Charities.

*Higher Medical Education.* An address by WILLIAM PEPPER, M. D.

*The General Subject of Quarantine, with particular reference to Cholera and Yellow Fever.* JOHN M. WOODWORTH, M. D.

*Report on Otology.* E. E. HOLT, M. D., Portland, Me.

*The Safety of Ships and of Those who Travel in Them.* JOHN M. WOODWORTH, M. D.

*Lead Poisoning in Frogs.* JOHN J. MASON, M. D.

*Cases of Phymosis.* JOHN C. HUPP, M. D., Wheeling.

*Correspondence relative to the Resignation of Dr. J. F. Ensor as Superintendent of the Lunatic Asylum of South Carolina.*

*Proceedings of the Board of Supervisors of Oneida County, N. Y:* 1877.

*Seventeenth Annual Report of the Cincinnati Hospital:* 1877. H. M. JONES, Superintendent.

*Pamphlets Received.*

*Annual Report of Troy Orphan Asylum: 1877.*

*New York Hospital; Report of Building Committee and Address  
by Dr. H. VAN BUREN.*

*Annual Report of Roosevelt Hospital: 1877.*

*Annual Report of Home for the Homeless, Utica, N. Y.: 1877.*

*Annual Report of the Superintendent of Poor of Orange County,  
N. Y.: 1877. JAMES H. GOODALE.*

*Report of New York State Reformatory, Elmira: 1877.*

*Ninth Annual Report of the Board of State Charities and Cor-  
rections of Rhode Island: 1877.*

*Annual Report of the Detroit House of Correction: 1877.*

*Message to the Medical Association of Alabama: 1878. PETER  
BRYCE, M. D., President.*

*Fluid Extracts by Repercolation. EDWARD R. SQUIBB, M. D.*

*On Post-Paralytic Chorea; On Localized Cerebral Lesions; On  
the Therapeutics of Migraine; and On the Pathological  
Anatomy of Disseminated Cerebro-Spinal Sclerosis. E. C.  
SEGUIN, M. D.*

*Announcement of the Bellevue Hospital Medical College: 1878.*

*Announcement of the Medical Department of the University of  
Buffalo: 1878.*

*Announcement of Starling Medical College: 1878.*



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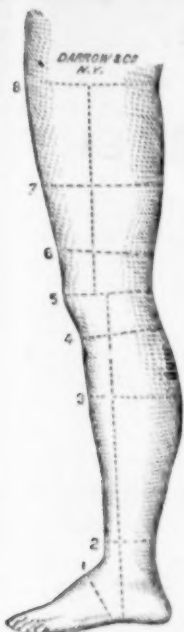
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